



Dr. Brian T. Seese, D.M.D.

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## Treatment Without Parent/Guardian Present Consent Form

To comply with North Carolina law, Smiles by Seese requires that a parent or legal guardian consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We (parent/guardian name) \_\_\_\_\_ authorize appointee's listed below to make decisions regarding my child's dental treatment or medical treatment (if necessary should an emergency arise).

Appointee's name \_\_\_\_\_

Relationship \_\_\_\_\_

Appointee's name \_\_\_\_\_

Relationship \_\_\_\_\_

Appointee's name \_\_\_\_\_

Relationship \_\_\_\_\_

### Consent to:

- Any and all necessary medical/dental treatment at Smiles by Seese.
- Preventative procedures ONLY (i.e. exams, cleanings, x-rays or sealants)
- Restorative procedures ONLY (i.e. fillings, crowns)
- Oral Surgery ONLY (i.e. extractions)

### For my child(ren):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I further agree to reimburse Smiles by Seese for the cost of rendering these services to the extent that my insurance does not pay for these services.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_