



MINOR CHILD TREATMENT RELEASE

I give my permission to Dr. _____ and/or his/her designated assistant to perform any and all dental techniques and procedures, including but not limited to the administration of nitrous oxide sedation and anesthetics, on my child _____, whether or not I am present at the actual appointment when the treatment is rendered. I further expressly agree to be financially responsible for all treatment rendered to the above-named child.

Date: _____

Signed: _____

Relationship to Minor: _____

Minor Patient's Full Name: _____

Treatment: _____

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