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Cedar Park, TX 78613  
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I authorize \_\_\_\_\_ (name and relation of person accompanying child) to accompany my child, \_\_\_\_\_, to his/her dental appointment. I agree to the following treatment to be performed in my absence:

- Examination
- Radiographs (x-rays) deemed necessary by Dr. Lauren-Nikko Lee/ Dr. Cindy Tran
- Cleaning
- Fluoride
- Necessary restoration of decayed teeth
- Extractions
- Emergency treatment as necessary
- I request that I be contacted at the phone number below if treatment needs or recommendations change during treatment.

If treatment recommendations change during treatment and I am not able to be reached I authorize the person accompanying my child to make an informed decision and authorize Dr. Lauren-Nikko Lee and Dr. Cindy Tran to perform the recommended treatment.

Phone number: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Stamp: