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)
- [ ] Dental Cleaning
- [ ] Fluoride
- [ ] Necessary restoration of decayed teeth
- [ ] Extractions
- [ ] Oral/IV Sedation
- [ ] Nitrous Oxide
- [ ] General Anesthesia
- [ ] Emergency treatment as necessary
- [ ] Any additional treatment not listed above deemed necessary by Dr. Lauren-Nikko Lee/Dr. Cindy Tran
- [ ] 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 above person accompanying my child to make an informed decision in my absence and authorize Dr. Lauren-Nikko Lee and Dr. Cindy Tran to perform the recommended treatment.

Phone number: _________________________
Parent/Legal Guardian Name: __________________________________________
Signature: ____________________________________________________________
Date: __________