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Accompany Patient Form

In the event that I (parent or legal guardian), am unavailable to accompany my child to their appointment, I give the following people permission to accompany him/her, sign any paperwork needed, and/or authorize any dental treatment necessary.

PLEASE LIST NAME AND CONTACT NUMBER FOR EACH PERSON

1. _____
2. _____
3. _____
4. _____
5. _____

In the event I must be contacted, I can be reached at: _____
(phone/cell number)

By checking this box, I wish to not let anyone accompany my child to his/her appointment except for myself (parent or legal guardian).

Signature of Parent/Guardian _____ Date _____