

Letter of Consent for Dental Treatment

Date: [Insert Date]

To Whom It May Concern,

I, [Parent/Guardian Name], am the parent/legal guardian of [Minor's Name], born on [DOB].

I hereby give my consent for [Minor's Name] to receive dental treatment at [Dental Office Name]. The treatments to be provided include, but are not limited to:

- Routine dental check-ups
- Fillings
- Extractions
- X-rays

I understand the nature of the treatment and the associated risks and benefits, and I have had an opportunity to ask questions regarding the treatment.

In case of a dental emergency, I authorize the dental office to take necessary actions to address the situation.

Signature of Parent/Guardian: _____

Name: [Parent/Guardian Name]

Contact Number: [Parent/Guardian Phone Number]

Relationship to Minor: [Parent/Guardian Relationship]