SCOTT T. ROWLEY, D.M.D., M.S.D.
BENJAMIN D. RUDER, D.D.S.
MAUREEN H. CALLENDER, D.D.S., M.S.D.
DANIEL M. WALSH, D.M.D., M.S.D.
ROSALEEN J. SHAVRON, D.M.D.
BOARD CERTIFIED PEDIATRIC DENTISTS

Authorization for Others to Consent to Dental Care

I hereby give permission for (name and relationship)

_____

to bring my child(ren) to Small to Tall Pediatric Dentistry for dental care. This includes, but is not limited to examinations, dental cleanings, fluoride treatments, x-rays and restorative care. This person(s) also has my authorization to make any decision based on Dr. Rowley, Dr. Ruder, Dr. Callender, Dr. Walsh or Dr. Chevron's recommendation(s) regarding treatment in my absence. I agree to assume financial responsibility for these decisions.

This consent form is valid from the date signed until revoked by parent or legal guardian.

This consent is valid for the child(ren) listed:

_____

Parent Name

_____ _____

Parent Signature Date