

# FALL CREEK FAMILY DENTAL

REBECCA FOSS, DDS



## Permission To Treat A Minor Without A Parent/Guardian Present

Fall Creek Family Dental must receive permission from a minor's parent or legal guardian before providing any dental treatment. This form gives Fall Creek Family Dental legal permission to treat your child in case you cannot accompany him/her to our office for treatment. If we are unable to obtain permission to treat your child, the appointment will be re-scheduled.

NOTE: A Parent or legal guardian MUST attend a minor's FIRST visit with Fall Creek Family Dental.

Please send the insurance card and co-pay (if applicable) to the appointment with your child.  
ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.

By signing this form, I am allowing the supervising adult (babysitter, friend, relative, etc.) to seek and consent to treatment for my child. If my child has no adult accompanying them to his/her appointment, I am allowing my child to consent to treatment for his/herself.

Minor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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