137 West Main Street
Northborough, MA 01532
508-393-9394
www.mychildrensdentist.com
smiles@mychildrensdentist.com

Dental Healthcare Proxy

Please Scan and Email to smiles@mychildrensdentist.com or Fax: 508-393-9364

Regarding child(ren):_____

I consent to the following (initial below):

_____ *Authorization to Release Information*

I give my permission to Dr. Macdonald, her associates and staff to discuss treatment provided and treatment recommended for my child(ren) with the persons listed below.

_____ *Dental Healthcare Proxy*

I authorize the persons listed below to consent to treatment for all dental procedures for my child(ren) by Dr. Macdonald, her associates and her staff.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This consent shall remain in force until such time as I notify Dr. Macdonald and staff that I rescind it.

Signed: _____Date: _____

Legal relationship to the patient: _____