Steven K. Rayes, DDS, MS
303 Route. 5 South, Suite 2, Unit 11
Norwich, VT 05055
Phone: (802) 649-5210 Fax: (802) 649-7284
www.justkidspediatricdental.com Email: info@justkidspd.com

Date: _____

I, _____ parent/legal guardian to:

Child/Children: _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Authorize _____ (Full Name Printed)
_____ (Relationship to child/children)

If your child is coming to their appointment alone, please be advised children need to check in upon arrival and it remains the responsibility of the parent/guardian to follow up and schedule all treatment and future appointments.

To present the above-named children to their appointments, answer questions pertaining to their past and present health and authorize any necessary treatment decisions.

_____
Signature

_____
Contact Phone Number