



PROSPER FAMILY DENTISTRY

Jill H. Sentlingar DDS • Lara T. Coseo DDS, FAGD

Permission to Treat a Minor in the Absence of a Parent/Guardian

I, _____, have the legal right to authorize the office of
Printed Parent/Guardian Name
Prosper Family Dentistry and Dr. Jill Sentlingar or Dr. Lara Coseo as to provide dental treatment and/or
services to my child, _____ DOB: ____/____/____. I understand that dental
Child's Name and Date of Birth
recommendations (including, but not limited to diagnosis, prescription instructions, & appointments)
will be relayed to and from my child mentioned above on my behalf.

Parental contact information for questions regarding treatment of the above-mentioned child.

Parent Name: _____ Phone #: _____

I understand and agree the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18 and that a photocopy of this form is considered valid as the original.

Signature of Parent/Guardian

Date

Please return the completed form in one of the following ways:

- Scan and email to Prosperdentiststaff@gmail.com
- Fax to 972-347-1147
- Have the child bring it with him/her to the dental appointment.

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