

Dental Care Authorization Letter

1,	, the parent or legal guardians of	
, dat	te of birth of	do hereby consent and allow
Name		Relationship to Child
to handle any type of dental care f	or my child includi	ing but not limited to any dental treatments
and other care recommended or de	eemed as necessary	for the welfare of my child.
Signature of Parent or Legal Gu	ıardian	Date