Gary S. Jones, DDS, PA
Po Box 1005, Denver NC 28037

Ashley Collins, DDS
(704) 483-4159

Parent/Guardian Consent for Treatment

I Parent/Legal Guardian of ______________________________________ am not able to accompany my child to the dental office of Gary S. Jones, DDS, and Ashley Collins DDS. Therefore, I give my permission for treatment to be rendered in my absence.

I understand and agree that any necessary x-rays will be taken during his/her office visit and will be used for diagnostic purposes.

The person bringing my child to their dental appointment today is____________________________ Relationship______________________________.
(please print)

I also authorize the above listed person to make treatment decisions regarding my child.

I can be reached by phone at the following numbers:

Home (_____) __________________

Cell (_____) __________________

Work (_____)__________________

Signed,

Parent/Legal Guardian ____

Printed Name ____

Date______________________