



Authorization and Consent

Dental Examination or Treatment of a Minor

I, _____, being the parent, guardian, or other person entitled to legal custody of _____, a minor child, do hereby authorize and consent to any x-ray, examination, or dental treatment to be rendered to said minor child under the general or direct supervision of **Dr. Alan F. Schneider, DDS** as the orthodontist may deem necessary.

This authorization will remain in effect until termination by the parent, guardian or other person entitled to legal custody of this minor child.

I will be solely responsible for any bill incurred on the above child for dental treatment rendered.

_____ Signature

_____ Date