



423 N. Van Buren | Enid, OK 73703 | Phone: (580)233-0043 | Fax: (580) 233-8571

CONSENT TO BRING AND/OR MAKE TREATMENT DECISIONS

DATE: _____

Child's/Children's Name: _____

Because I, _____, am unable to bring my child/children to their dental
parent or guardian's name
appointment, I authorize _____, my child's
first name and last name
_____, to accompany them to their dental appointment with Tim Fagan, DDS, MS
relationship
or Chris Fagan, DDS, PLLC.

PLEASE CHECK ONE OF THE FOLLOWING:

- By checking this box, the person mentioned above has consent to make treatment decisions on my behalf due to my absence at the appointment(s).* _____
initial
- By checking this box, the person mentioned above does **NOT** have consent to make treatment decisions on my behalf due to my absence at the appointment(s).* _____
initial

PRINTED NAME

SIGNATURE