

**Holland Family Dentistry
Ronald W. Deenik, DDS**

**Parent/Guardian Verification/Personal Representative
Consent Form**

I, as the parent/guardian of _____ a minor child,
voluntarily delegate my legal authority to basic dental care (*exam, routine annual x-rays,
routine fluoride treatment, cleaning, and oral hygiene instruction*) on behalf of my minor
child to:

**Holland Family Dentistry
545 Michigan Ave, Holland, MI 49423
(616) 396-1058.**

The consent is to be exercised in good faith and in my child's best interest, subject to the
following conditions (if any):

This consent is to be effective from _____ to _____ or otherwise for the period
of time, which I will not be reasonably available to make such decisions for my child.

I do authorize the following named adults authority to make dental care decisions for the
above mentioned minor in my absence:

Name _____ Relationship to pt: _____

Name _____ Relationship to pt: _____

I _____ do authorize the release of information to the following
persons:

Name _____ Relationship to pt: _____

Name _____ Relationship to pt: _____

Patient's Signature _____ Today's Date _____

Signature of parent/guardian/personal representative: _____

Phone number in case of emergency: _____

**Please inform this office of any changes which need to be made to this document by the
parent/guardian/personal representative.**