



Consent For Unaccompanied Minors

In an age of independence and over scheduling, a parent/guardian may drop a patient off or the patient may drive themselves to their dental appointment. Although we prefer to always have a responsible adult accompanying a minor, we understand that some unforeseen circumstances might necessitate otherwise.

In order for us to be compliant with State laws and Dental Board regulations, we do require a signed consent form that permits our providers to treat an unaccompanied minor.

- A minor is defined as a person who is 17 years of age or under.
- Only children who are 14 years of age and older can remain unaccompanied in our offices.
- We reserve the right to insist a parent/guardian be present at treatment.
- The parent/guardian signing this form has to be legally authorized to provide consent. The parent/guardian who is authorized to provide consent may not necessarily be the one who is paying for treatment.
- Please confirm with our office that all parental contact information is current.
- The parent/guardian has to be available by phone during the treatment time.
- Please make sure we are alerted to the fact that the parent/guardian will be leaving prior to the start of treatment.
- Please make sure that the parent/guardian return just prior to the estimated time of treatment completion for pick up.

The dental procedures for which minors are allowed to be unaccompanied have to be by nature non-invasive. Therefore, we can only perform the following:

- Examinations
- X-rays and intra-oral imaging
- Cleanings
- Application of Fluoride
- Impressions
- Placement of dental sealants
- Invisalign attachment placement and check-up

I have read and understood the items listed above and authorize the dental providers at Just Smiles to perform all the procedures they deem necessary at the time of service, even during my absence. In addition, in case of a medical emergency, I authorize the doctors to take any life saving measure to resolve the issue.

Minor's name

Parent / Guardian: Printed name and Signature

Phone number

Date