



tylerpediatric DENTISTRY

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Appointment Authorization

I, _____, **AUTHORIZE** the listed persons below to 1.) Bring my child/children to their dental appointment and 2.) Consent to any treatment deemed necessary. We will also **require** a six-month medical update form to be completed at your child's appointment, thus making the person bringing my child to the appointment **responsible** for any medical changes, current medications and dental concerns.

If your child is coming to his/her appointment on their own, arrangements to have a parent complete the six-month medical update form will have to be made **prior** to the appointment. A person under the age of 18 years old cannot complete the medical update form.

Child/Children's Name(s): _____

Authorized Person:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Mother/Guardian: _____ Contact Number _____

Father/Guardian: _____ Contact Number _____

Signature: _____ Date: _____

COPY OF CURRENT PHOTO ID MUST ACCOMPANY THIS FORM.