

Informed Consent

Permission for Dental Examination and/or Treatment of a Minor

I am the parent or legal guardian of _____ who is a minor child, and I do hereby authorize and consent to any dental treatment rendered under the general, direct, or indirect supervision of Dr. Thomas Kronholz, Dr. Melissa Kronholz and their associates, staff members, or agents, as they may deem necessary.

This authorization will remain in effect until cancelled in writing by me.

Parent/Guardian Signature _____ Date _____

Witness _____