



DIVINE
DENTAL SMILE

I give Dr Lee and staff at Divine Dental Smile consent for dental treatment

Patient sign _____

Date _____

I am signing consent for a minor child as their parent or guardian.

Parent Sign _____ **Relationship to minor** _____

For Patient _____

Date _____

6350 Mae Anne Ave., Ste #1

Reno, NV 89523

OFFICE (775) 787-2600