

THOMPSON RAY BOGERT, D.D.S.  
1220 CLEAR LAKE CITY BLVD.  
HOUSTON, TEXAS 77062  
281.480.8877 FAX 281.480.4935

CONSENT TO ACCOMPANY A MINOR

I, \_\_\_\_\_ AS LEGAL GUARDIAN OF \_\_\_\_\_ GIVE  
MY PERMISSION FOR \_\_\_\_\_ TO BRING \_\_\_\_\_  
FOR HIS/HER DENTAL APPOINTMENT WITH DR. THOMPSON RAY BOGERT. THIS IS  
TO REMAIN IN EFFECT UNTIL \_\_\_\_\_.

THE PERSON WHO IS ACCOMPANYING THE MINOR MUST BE 18 OR OLDER AND  
HAVE A VALID DRIVER'S LICENSE. THAT PERSON WILL BE REQUIRED TO SHOW  
THEIR DRIVER'S LICENSE AT THE TIME OF CHECK IN.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE