

**CONSENT FOR PERSON(S) OTHER THAN PARENT/LEGAL GUARDIAN
TO BRING PATIENT TO DENTAL APPOINTMENTS**

I, _____, the mother() father() legal guardian()
of _____, hereby give my permission for this patient to
be brought to dental appointments at the office of Dr. Thomas C. Silver by the following
individuals:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

I further give permission for Dr. Silver and/or his staff to discuss dental treatment to be performed on my child, including but not limited to changes to treatment.

Signature of Parent or Legal Guardian

Date