



619 S. Heatherwilde Blvd. • Pflugerville, Texas 78660 • 512-989-6900 • www.dr bainpediatricdentist.com

In the event I cannot attend a dental appointment for _____
I, _____, give _____, my consent to fully
act on my behalf. This includes all aspects of the dental appointment including
signing of forms, receiving dental reports from Dr. Bain, discussion of patient
history, consenting to recommended treatment, and full payment for services
rendered.

My consent is also given for any decisions regarding medical emergencies that
could possibly occur during my child's visit to the office.

Signed _____

Date _____