

Alamo Kids Dental
Patient Authorization Form

To Whom It May Concern,

I, _____, authorize _____, my child's _____
(Parent or legal guardian) (Person 18 years or older) (Relationship)

to bring my child (ren) to the following appointment (s).

_____ Any future appointments _____ This date only: _____

Has your child (ren) had any health changes: (i.e. illnesses, medications, hospitalizations, conditions):

Patient (s) Name: _____

Patient (s) DOB: _____

Our current address is: _____

The best contact number for our family is: _____

Our current dental insurance carrier is: _____

The subscriber's employer is: _____

(Please ensure to provide us with your dental insurance and not medical)

I authorize for this person to make any medical decisions regarding my child (ren) and their treatment needs, to include any possible changes in treatment.

I authorize for this person to update all dental and medical information.

I also authorize that this person will be prepared to pay any patient portion that is due the day of the appointment, unless prior arrangements have already been made with the dental office.

Signature of Parent or Legal Guardian

Date