

Sugar Bugs Pediatric Dentistry
7578 Sheridan Blvd.
Arvada, CO 80003
303-427-9779

CONSENT FOR PREAUTHORIZATION TO TREAT MINORS

For families who are ongoing patients of Sugar Bugs Pediatric Dentistry, it may be convenient to have prior authorization for dental care delivered to minors without a parent having to be present at the time of treatment.

Please review the following authorization and complete the information if you want to authorize such treatment in advance.

Authorization will remain effective until further written notice given.

AUTHORIZATION:

I (We) _____ request and authorize Sugar Bugs Pediatric Dentistry to
(Parent / legal guardian)

deliver dental care to my (our) child listed below:

Patient Name: _____ **Date of Birth:** _____

I (We) give the following permission to bring our child in for treatment:

Full Name: _____ **Relationship to Patient:** _____

Full Name: _____ **Relationship to Patient:** _____

Full Name: _____ **Relationship to Patient:** _____

Full Name: _____ **Relationship to Patient:** _____

Signature of Parent /Legal Guardian _____ **Date** _____