



TIKI DENTAL

*Pediatrics: Dr Jennifer Adelson
Orthodontics: Dr. Victoria Rothman
General: Dr. Samantha Lewin, Dr. Shirley Kleiner*



***[Please print form; fill it out and have the individual
bring it with them for your child's visit]***

I (guardian), _____ consent that (person), _____
will be bringing in my child (child's name) _____ for his/her
dental appointment.

(Person) _____ may make decisions and/or payments on my
behalf. In case of an emergency, I (guardian), _____ can be
reached at: _____.

Guardian's Signature

Date