



Middle Tennessee
Pediatric Dentistry
Alternate Consent Form

Date: _____

Patient's Name: _____

I give the following people permission to bring my child(ren) to any dental appointment such as: routine checkups, dental treatment, and/or emergency visits. This person has the authority to make any decisions concerning laughing gas, behavior management techniques, x-rays and fluoride. I understand that dental treatment may change at times. Middle Tennessee Pediatric Dentistry will make every effort to keep the accompanying adult informed before treatment is changed, however I realize that this may not always be possible and the adult will be informed of any and all changes following the child's appointment.

Name	Phone#	Relationship to Patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Legal Guardian Signature