

Bittner & Flann Dentistry for Kids
17680 SW Handley St #201
Sherwood, OR 97140
503.625.5437
Fax: 503.625.5433

I authorize the following individuals to accompany my child(ren):

_____ (Name and relation of person accompanying child)

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To his/her/their dental appointment. I agree to the following treatment to be performed in my absence:
(please check all that apply)

- Examination
- Radiographs (x-rays) deemed necessary by Bittner & Flann Dentistry for Kids
- Cleaning
- Fluoride
- Necessary restoration on decayed teeth
- Extractions
- Emergency treatment as necessary
- Nitrous Oxide
- I request that I be contacted at the phone number below if treatment needs or recommendations change during treatment.

If treatment recommendations change during treatment and I am not able to be reached I authorize the person accompanying my child to make an informed decision and authorize Bittner & Flann Dentistry for Kids to perform the recommended treatment.

Patients Names: _____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____