

**Children's Dentistry of Baytown
Anabel Vega-Negron, D.M.D. PC
4001 Garth Road #104
Baytown, TX 77521
281-427-4736**

**Permission Designated to Another Adult to Bring a Minor to his/her
Dental Appointment**

I, _____, give my permission to (Name of designated adult) _____, (relationship to patient), _____, to bring my child, _____, to Children's Dentistry of Baytown, for (his/her) dental appointment. I give my permission to Children's Dentistry of Baytown and staff to perform all dental treatment needed on my child. This dental treatment may include, but not limited to dental examinations, diagnostic radiographs (x-rays), dental cleaning, fluoride treatment, sealants, composite fillings, crowns extractions, oral sedation, Nitrous Oxide (laughing gas) and local anesthesia.

If there is any change in the original treatment plan, Children's Dentistry of Baytown has my permission to perform that treatment regardless of my presence at the office.

In the event of an emergency, Children's Dentistry of Baytown has my permission to take any and all necessary steps to ensure the safety and well-being of my child.

If needed, my contact numbers are:

Cell: _____

Work: _____

Home: _____

Name of Parent/Legal Guardian (Print)

Signature of Parent/Legal Guardian

Relationship to Patient

Date of Appointment

Today's Date