Kids Dental Experts ®
Dental Specialists for Children & Teenagers
125 Siegler Street • Green Bay, WI 54303
1926 Dickinson Road • De Pere, WI 54115
Phone: 920-592-8940 Fax: 920-592-8953
Website: www.KidsDentalExperts.com
Email: info@KidsDentalExperts.com

PATIENT INFORMATION AUTHORIZATION

This form is to be completed for any person in addition to the natural mother, father, or legal guardian that may bring your child/children in for their dental appointments. This authorization will remain in effect until it is revoked in writing by the natural mother, father, or legal guardian.

Patient Name _____ Birthdate _____

Patient Name _____ Birthdate _____

Patient Name _____ Birthdate _____

Patient Name _____ Birthdate _____

Patient Name _____ Birthdate _____

I hereby authorize Kids Dental Experts® to release and discuss all information regarding dental visits to the individuals listed below, and these individuals may consent to dental treatment for all patients listed above.

1. _____ _____
(Print Name) (Relationship to patient)

2. _____ _____
(Print Name) (Relationship to patient)

3. _____ _____
(Print Name) (Relationship to patient)

4. _____ _____
(Print Name) (Relationship to patient)

5. _____ _____
(Print Name) (Relationship to patient)

Signature: _____ Date: _____
(Natural mother, father, or legal guardian)