

Morro Bay Family Dentistry
747 Bernardo Ave., Morro Bay California 93442
T: (805) 772 8585 F: (805) 980 5580

Authorization for Agent to Consent to Dental Treatment of a Minor

I hereby authorize _____ (an adult into whose care the minor(s) has been entrusted) to consent to any x-ray examination, anesthetic, or dental diagnosis or treatment of _____ deemed advisable by a dentist or hygienist and provided by that dentist or hygienist or under that dentist's or hygienist's supervision regardless of where that treatment is provided.

This authorization is made under California Family Code 6910.

Signature

Date

Please verify relationship to minor:

____ Parent with legal custody

____ Guardian with legal custody