

Mann Family Dental, LLC
Informed Consent
Permission for Dental Examination and/or
Treatment of a Minor

I am the parent or guardian of _____ who is a minor child, and I do hereby authorize and consent to any x-ray, examination, anesthetic, or dental treatment rendered under the general, direct, or indirect supervision of **Dr. Mann** and his associates, staff members, or agents, as he may deem necessary.

This authorization will remain in effect until cancelled in writing by me.

Parent Name: _____

Parent Signature: _____

Witness: _____

Date: _____