



I _____ do authorize dental care for my child
_____ to be completed by Progressive Family &
Cosmetic Dentistry. He/She may receive all necessary dental care warranted for this visit
_____ ; including fluoride and x-rays.
Date of Service

Please include updated insurance information, allergies, current medications that he/she are taking and any illnesses.

List (2) two contacts to be reached in case of an emergency include; name, address and phone number.

Signature

Date