

Authorization for Release of Information Form-MINOR

I have the legal right to preauthorize Reed City Dental Health Care Associates, P.C. and its personnel to deliver routine dental treatment and services to my child. Routine dental care may include, but is not limited to: dental examinations, prophylaxis, fluoride treatment, x-rays, and any other treatment previously discussed and agreed upon by the parents/legal guardian.

I request and authorize Reed City Dental Health Care Associates, P.C. and its personnel to deliver routine dental care to my child as may be deemed necessary or advisable in the diagnosis and treatment of the minor child.

Limitations on the kinds of dental services for which this authorization is given:

[] Yes Limitations include-

[] No

I hereby authorize my child to bring his/herself to their appointments if I am unable to attend. I understand that dental advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18 and that a photocopy of this form is considered valid as the original.

I authorize the individuals below to accompany my child and make treatment related decisions regarding my child's care. I also authorize Reed City Dental Health Care, P.C. to verbally give information regarding my child's care in relation to the categories listed next to their name below (Care/Emergency/Financial).

Name/Relationship	DOB	Phone	Care/Emergency/Financial

I agree to have messages regarding my child's appointments left at the phone numbers and email addresses I have given to Reed City Dental Health Care Associates, P.C. and its employees. I hereby authorize Reed City Dental Health Associates, P.C. and its employees to furnish requested diagnostic service and/or treatment information for my child until revoked in writing. I authorize payment to Reed City Dental Health Care Associates, P.C. of the group insurance benefits otherwise payable to me/my child.

Legal Guardian Name: _____

Signature: _____