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Preauthorization to Treat Minors Consent Form

Purpose: this form may be used to allow minors of legal driving age (16 and older) to receive routine medical care and services at Canon Family Dental office without a parent or proxy present.

For some families. It may be more convenient to have prior authorization in place that allows routine medical and dental care to be delivered to minors if parent or legal guardian cannot be present to provide consent. If you would like to have such a preauthorization in place, please review and complete the following form authorizing treatment for your minor child of legal driving age (16 and older) in advance.

Authorization:

I have legal right to preauthorize Canon Family Dental and its personnel to deliver routine medical and dental treatment and services to my child. Routine medical/dental care and interventions may include, but are not limited to: medical evaluation, physical exam, x-rays, lab work, (examples include: dental cleanings, fluoride treatments, preventative, and restorative dental treatments, liquid nitrogen, suturing of lacerations, removal of simple cyst, and incision and drainage of abscesses).

I request and authorize Canon Family Dental and its personnel to deliver routine medical care or dental to my child listed below as may be deemed necessary or advisable in the diagnoses and treatment of the minor child:

Name: _____ DOB: _____

Limitations:

Identify and specify limitations on types of medical and dental services for which authorization are not given. (Please state "none" if this does not apply)

Parent/legal Guardian contact information for questions regarding treatment:

Parent's name: _____ Parent's name: _____

Daytime phone: _____ Daytime phone: _____

Evening phone: _____ Evening phone: _____

Cell Phone: _____ Cell Phone: _____

I hereby indemnify and hold harmless Canon Family Dental and all their officers, agents, employees, attorneys, directors, insurers, affiliates, subsidiaries, related corporation, successors, heirs, assigns from any and all liability for acting in reliance on this authorization. Also agree to accept financial responsibility for all care and services delivered pursuant to this authorization is valid for one year following the date signed below unless with drawn in writing to Canon Family Dental or restricted by time frame as noted above. Only one parent. Guardian's signature is required.

Signature of Parent or Legal Guardian

Date