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PARENT/GUARDIAN CONSENT

I _____, parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the dental evaluation of my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the legal guardian and/or parent(s) to bring patient for any dental evaluation deemed necessary for the well-being of my child(ren) and to sign for necessary treatment.

I am legally responsible and have the authority to consent for all dental care and treatment of said child(ren):

Patient Name	Patient Name
Patient Name	Patient Name
Patient Name	Patient Name

I authorize, this/these person(s) bring child(ren) for dental evaluation and consent to treatment and care;

Name	Relation to patient(s)
Name	Relation to patient(s)
Name	Relation to patient(s)
Name	Relation to patient(s)

Parent or Guardian Signature

Date

OFFICE USE:

STAFF _____