



Dr. Purnima Hernandez & Dr. Selin Soyupak
23-00 Route 208, Suite 2-5,
Fair Lawn, NJ, 07410

Minor Consent

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's name: _____ DOB: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

_____	_____
Name	Relationship to Patient

_____	_____
Name	Relationship to Patient

____ **Check here** if you wish to give consent for the minor to receive dental care without an accompanying adult. This consent may only apply to **minors age 16 and older**.

This consent shall be in effect for: _____ Date _____ (only)
_____ Indefinitely, until revoked by revoked by written communication

AUTHORIZATION:

I (parent/legal guardian name) _____ authorize Bergen Pediatric Dentistry to deliver all diagnostic services such as exams and/or x-rays and treatment that the doctor may deem necessary.

I am also aware that the payment is expected on the day of service. **Please initial here:** _____

I have read, understand, and give my consent as stipulated above. My signature means that I have read and understand this form.

_____	_____
Parent or Legal Guardian (please print)	Relationship

_____	_____
Parent or Legal Guardian Signature	Date: