



*Where Beautiful Smiles Begin*

## **Informed Consent to Treat a Minor**

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, do hereby consent to any x-rays,  
examination, anesthesia or dental treatment rendered under the general,  
direct or indirect supervision of Dr. Bennie Clark, Dr. Lorraine Polite  
Clark or his/her staff. This authorization will remain in effect until  
canceled by me in writing.

I also understand that I must remain in the office and on premises at all  
times during treatment.

\_\_\_\_\_  
Parent or legal guardian

\_\_\_\_\_  
Date