

**J. Mark Bayless D.M.D., Inc.
Brandi Faia D.D.S.**



Unaccompanied Minor Patient Consent for Treatment

My child, _____, will be unaccompanied by a parent/legal guardian for dental treatment today and possibly in the future.

_____, (parent/legal guardian name), request and authorize Dr. J. Mark Bayless and/or Dr. Brandi Faia to perform routine dental care to my child as needed, including, but not limited to, a comprehensive examination, diagnostic radiographs, and a fluoride varnish treatment.

Parent's/Legal guardian's Signature

Date

No changes with patient's medical history.

Yes, the patient has the following changes with his/her medical history:

