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CONSENT TO TREAT MINOR CHILDREN

I, _____ the parent/legal guardian of the
child/children listed below:

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

do hereby give permission for _____ to
consent to dental treatment as recommended by Dr. Gregory Robbins and
that Dr. Robbins has determined is necessary for the welfare of my
child/children's dental health.

I understand that Dr. Robbins would normally require a parent to be present
during treatment. As I am unable to attend this appointment, this form will
allow the person bringing my child/children to their appointment the ability
to consent to the treatment that Dr. Robbins recommends.

_____ Date: _____

Parent/Legal Guardian Signature

