



## Minor Request and Consent

(To be completed by parent or legal guardian)

I hereby authorize the following person(s) to bring my minor child, \_\_\_\_\_  
for treatment and examination by the staff of Dental Arts of Corinth, PLLC. This consent will remain in  
effect from this date forward unless written revocation of such is duly presented to the office of Dental  
Arts of Corinth, PLLC by myself or a legally authorized representative.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I understand that it is my responsibility to:

- Provide accurate, updated medical history information in advance of my child's appointment.
- Remain accessible by phone during scheduled appointments.
- If treatment needs are determined at hygiene appointments, I will need to provide consent and treatment plan signatures prior to the operative appointment.
- Notify Dental Arts of Corinth, PLLC whether or not my child should receive fluoride or x-rays for their hygiene appointments.

\_\_\_\_\_  
Patient/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Relationship to Patient:

# DENTAL ARTS

of CORINTH, PLLC

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