

**Harmony Dental of AZ
Minor/Child Consent**

I, being the parent or legal guardian of _____
Name of Minor/Child

Do hereby request and authorize the dental staff to perform the necessary dental services for my child, including but not limited to radiographs and the administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when treatment is rendered.

Signature of Parent/Guardian Date

Witness Signature Date