Children's Dental Clinic
of Las Cruces

Consent to Authorize Treatment

If anyone other than the mother, father, or legal guardian of our patient brings him/her to our office for dental care or treatment we must have written authorization. This authorization form is required for reason pertaining to HIPAA, as well as the safety of your child. Your understanding and cooperation is greatly appreciated.

You may authorize other persons to bring your child to our office and authorize dental care and treatment by filling out the following form.

Patient Name: _____

I, _____hereby give permission to

_____ to bring my child(ren) to Children's Dental Clinic of Las Cruces for dental examinations, cleanings and treatment.

This authorization shall be in effect

_____ For the date of_____

OR

_____ Until revoked by me

Signature: _____ Date:_____

(575) 526-5522 • 1901 Calle de Ninos, Las Cruces, NM 88005