



Consent for Treatment and Health Update for Minors

Patient name _____

I am the (parent or guardian) of _____ who is a minor child and I authorize examination and treatment as necessary by or under the supervision of Dr Heidi Tzioros. This includes exposure of radiographs as necessary, use of local anesthetic, and use of appropriate medications and materials for such treatment.

Health Update

Has your child been in the hospital, had surgery or been under the care of a physician since there last visit? _____ If yes, please give reason: _____

List all medication(s) your child is presently taking and the reason for the medication:

List any medication(s) your child is allergic to _____

Please list a phone number where you may be reached in the event that we need to speak with you during or after your child's visit: _____

Signature: _____

Parent or Guardian

Date _____

If you have additional questions please call office before appointment date