

James Y. Lee, DDS
McKenzie Dental Center
110 S. 59th Street, Springfield, OR 97478
(541) 747-8030

Informed Consent

Permission for Dental Examination and/or Treatment of a Minor

I am the parent or guardian of:

This patient is a minor child and I do hereby authorize and consent to any x-ray, examination, anesthetic, sedative, or dental treatment rendered under general, direct, or indirect supervision of Dr. Lee or staff members or agents they deem necessary.

This authorization will remain in effect until canceled in writing by me.

Parent Signature

Witness