



1001 West Williams Street, Suite 105  
Apex, NC 27502  
Office: (919) 362-7878  
Fax: (919) 362-6214

Anna E. Keene, DDS

Terese M. Walters, DMD

Trent Landenberger, DDS

---

## Parent/Guardian Permission

Dear Parent/Guardian,

We appreciate your confidence and trust in allowing us to treat your child. We welcome your questions and concerns about your child's dental health.

We support the American Dental Association's recommendations that children have diagnostic x-rays taken every 12 to 18 months and fluoride treatments every six months. **However, we must have parent/guardian permission before performing these procedures on any child under the age of 18.**

Occasionally, a teen under the age of 18 who can drive comes to our office without a parent/guardian. Sometimes this is for more than preventative treatment. **We must have parent/guardian permission for these procedures as well.**

In the event that you are unable to accompany your child to a dental appointment, please complete the following authorization that will be placed in your child's dental record.

**In the event I cannot accompany my child to a dental appointment, I authorize Dr. Keene, Dr. Walters, Dr. Landenberger and/or their clinical staff to perform the following procedures for my child:**

**Diagnostic x-rays\_\_ Fluoride Treatment\_\_ Preventative Sealants\_\_ Fillings\_\_**

Other Prescribed Procedures\_\_\_\_\_

I understand that I will be financially responsible for all services performed.

Child (print name):\_\_\_\_\_

Parent/Guardian (print name):\_\_\_\_\_

Parent/Guardian (signature):\_\_\_\_\_