



Macarena Planken DDS
= & Associates =
we love to see you smile

Consent for Treatment of a Minor

I _____ am the parent/guardian of
_____ who is a minor child, and I authorize
examination and treatment as necessary by or under the supervision of Dr. Macarena Planken.
This includes exposure of radiographs as necessary, use of local anesthetic, reasonable restraint
as needed, and use of appropriate medicaments and materials for such treatment.

***I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION
GIVEN ME VERBALLY. BY MY SIGNATURE BELOW I CONSENT TO THE
TREATMENT DESCRIBED IN THIS PAPER.***

Parent Signature _____ Date _____