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Joel M. Preminger DMD

Unaccompanied Minor Form

I am the parent/legal guardian of _____ who is under 18 years old.

Due to _____ (Reason), I may not be able to accompany my child when he/she requires dental services. I authorize the healthcare providers of Preminger Pediatric Dentistry PLLC to provide my child with dental services as medically indicated when accompanied by,

(Name)

(Relationship)

I further understand that this consent form will be valid and remain in effect for a period of one (1) year from the day I sign below.

If my child is 12 years old or older I allow them to come unaccompanied by an adult for dental treatment.

In case of an emergency during my absence, please contact:

Name: _____

Address: _____

Telephone: _____

I have read and understand the contents of this consent form, which I voluntarily sign:

Signature of Parent/Legal Guardian of Minor Patient

and _____
Date

Time

Print name of Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____
(Home) (Work)

State of New York
County of _____

Sworn to before me this _____ day of _____ 20 ____.

Notary Public