

Bittner Dentistry For Kids  
17680 SW Handley St #201  
Sherwood, OR 97140  
503.625.5437  
Fax: 503.625.5433

I authorize the following individuals to accompany my child(ren):

\_\_\_\_\_ (Name and relation of person accompanying child)

\_\_\_\_\_ (Name and relation of person accompanying child)

\_\_\_\_\_ (Name and relation of person accompanying child)

To his/her/their dental appointment. I agree to the following treatment to be performed in my absence:  
(please check all that apply)

- Examination
- Radiographs (x-rays) deemed necessary by Dr.
- Cleaning
- Fluoride
- Necessary restoration on decayed teeth
- Extractions
- Emergency treatment as necessary
- Nitrous Oxide
- I request that I be contacted at the phone number below if treatment needs or recommendations change during treatment.

If treatment recommendations change during treatment and I am not able to be reached I authorize the person accompanying my child to make an informed decision and authorize Dr. Bittner to perform the recommended treatment.

Patients Names: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_