

Premier Dental Arts  
3800 Quakerbridge Rd, Suite 1  
Hamilton, NJ 08619  
Office: 609-890-1888  
Fax: 609-890-4040



## Consent of Treatment

To : Premier Dental Arts

I \_\_\_\_\_ authorize any and all treatment that is deemed necessary in  
(Parent/Guardian)  
my absence for \_\_\_\_\_. If for any reason a problem is to arise, I can  
(Patient)  
be reached at \_\_\_\_\_ .  
(Phone #)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

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(Date)

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(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)