



3394 S. Houston Levee Rd.
Germantown, TN 38139

5226 Airline Rd., Ste 125
Arlington, TN 38002

1684 Poplar Ave.
Memphis, TN 38104

Permission Letter

Patient Name(s): _____

If someone other than the parent or legal guardian may bring your child (ren), please list their name(s) below. They must be 18 years of age and have a photo i.d. We **are not** able to see your child in the absence of a parent/guardian unless the following is filled out. This letter gives permission to Children's Dental Center to complete an exam, cleaning, fluoride, x-rays and dental treatment with the named party. Any fees due will need to be brought to the appointment with the person bringing your child. We expect them to remain in our office with your child. Please do not drop your child off or schedule other errands during their appointments.

Name of person bringing patient	Relationship to patient
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date