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Authorization for a Caretaker (non-legal guardian) to Accompany a Minor to Appointments

Patient Name (first, MI, last) _____

Patient Social Security
Number: _____

I _____ authorize _____ to bring
my minor child _____ to Five Cities Pediatric Dental Group for
scheduled appointments for treatment in which a legal guardian to my child has previously consented be performed
on my child.

I understand this authorization for a care-taker to accompany my minor child to appointments does not permit the
care-taker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent
to treatment for my child.

If treatment consent, that has not been previously diagnosed and accepted by a legal guardian authorized as such
with this practice, is required at an appointment in which a care-taker is accompanying my minor child, the legal
guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to
provide treatment consent, the treatment will not be performed.

I understand that only a legal guardian may accompany my minor child to an appointment in which sedatives are
scheduled to be administered, regardless of whether the sedation technique was previously consented to by a legal
guardian authorized as such with this practice.

I understand that this authorization will remain in effect until the practice is otherwise notified of the above
designated care-taker's change in status. I understand that it is my responsibility, as the legal guardian, to inform
this practice of any change to this authorization.

Parent / Legal Guardian Signature:

_____ Date: _____