

Wentzville Endodontics

Dr. Courtney Kanive

1006 Schroeder Creek Blvd.

Wentzville, MO 63385

636-327-7177

I, **(parent/legal guardian)** _____ cannot accompany my child,

(child's name) _____ to Wentzville Endodontics. Therefore, I

give permission to **(person's name)** _____ **(check one):**

- I give permission for this person to seek dental treatment (including any type of root canal procedure or evaluation) and provide consent for such treatment if attempts to contact me are unsuccessful.
- I give permission for this person to seek dental treatment (including any type of root canal procedure or evaluation) and provide consent for such treatment **without** having to contact me

Expiration of Permission (check one):

- This form will remain in effect until revoked by myself in writing.
- This form is **VALID ONLY** during the following timeframe:

Effective Date: _____ / Expiration Date: _____

X _____ **DATE:** _____

(signature of parent/legal guardian)

Address: _____

Home Phone: _____ Cell Phone: _____