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CONSENT FOR ORTHODONTIC TREATMENT OF A MINOR

Patient Name	Patient Date of Birth _		
their first office visit . After that is orthodontic appointments without	ic treatment must be accompanied by a parent, initial appointment, a minor patient may be seent a parent/legal guardian present but only with the conditions specified in this consent.	en for recurring	
have the legal right to consent fo Orthodontics/Mendy Ritchie, DI	e parent/legal guardian of the minor child, or orthodontic treatment for this patient. I her OS to provide needed orthodontic treatment a otment as planned. I understand that this cons oy me in writing.	eby authorize Braced t each follow-up visit to	
Parent/Guardian Name	Parent/Guardian Signature	Date	
please complete this section: I appoint the following adult,	ar appointment with an adult other than yours	child is, to	
authorized herein. A parent/legal guardian may appoint and guardian is not available, the Texas Family	other adult to accompany the minor patient to the ap of Code allows only certain adults to consent for med se are: a grandparent, an adult brother, sister, aunt o	pointment. If the parent/legal lical treatment to minors if or uncle, and any adult who has	