

It's Easy to see Why We Love What We Do!



185 Kimel Park Drive  
Suite 202  
Winston Salem, NC 27103  
336-659-9500 phone  
336-714-1017 fax

\_\_\_\_\_  
Date

To Whom It May Concern:

I, \_\_\_\_\_, give permission for the following person/people to bring

Parent

\_\_\_\_\_ to his/her dental appointments and to make all

Child/Children

necessary decisions in relation to his/her care.

(Please list individuals below that are permitted to bring your child/children to appointments *as well as* their relationship to your child.)

\_\_\_\_\_

Please indicate below if there are any changes in your child's medical history. Please include all over the counter and prescription medications and dosages taken.

\_\_\_\_\_

Please indicate below if radiographs may be taken on your child if deemed necessary by the treating doctor.

\_\_\_\_\_

I understand that while Drs. Merhoff and Associate's office will gladly assist in filing my dental claims, they will be **unable to bill for services rendered**.

I further understand that whoever should bring my child to his/her appointments will be responsible for payment at the time that services are rendered. I may be reached at \_\_\_\_\_ should any questions arise.

Phone

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date