

Dr. Ray Padilla
14650 Aviation Blvd., Ste 150
Hawthorne, CA. 90250
310/536-0710

Consent to Dental Treatment of a Minor

I _____ (an adult into whose care the minor(s) has been entrusted), hereby authorize and consent to any x-ray, examination, anesthetic, and/or dental diagnosis or treatment that is deemed advisable by the above dentist or hygienist to _____ (Patient/Minor Name).

This authorization is made under California Family Code §6910.

Signed: _____ Dated: _____ / _____ / _____

Please specify relationship to minor:

Parent with legal custody
Guardian with legal custody