

Alder-Lynn Family Dentistry
Massoud Khami, DDS
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Lynnwood, WA 98036
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Consent for Treatment of a Minor

I am the Parent/Guardian of _____ who is a minor child, and I authorize an examination and treatment as necessary by or under the supervision of Dr's Badei and Khami. This includes exposure of radiographs as necessary, use of local anesthetic, reasonable restraint as needed, and use of appropriate medicaments and material for such treatment.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN TO ME VERBALLY. BY MY SIGNATURE BELOW I CONSENT TO THE TREATMENT DESCRIBED IN THIS PAPER.

Parent Signature

Date