

**K-B Family & Cosmetic Dentistry  
Jontiana Badei DDS  
Massoud Khami DDS  
433 State Street  
Kirkland, WA 98033  
(425) 827-2003  
Fax (425) 828-3873**

**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