



ELITE
DENTAL CARE

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Authorization for Agent to Consent to Dental Treatment of a Minor

I hereby authorize _____ (an adult into whose care the minor(s) has been entrusted) to consent to any X-ray examination, anesthetic, or dental diagnosis or treatment of _____ deemed advisable by a dentist or hygienist and provided by that dentist or hygienist or under that dentist's or hygienist's supervision regardless of where that treatment is provided.

This authorization is made under California Family Code §6910.

Signed: _____ Dated: _____

Please specify relationship to minor:

- Parent with legal custody
- Guardian with legal custody