



LOS FRESNOS  
DENTAL CENTER

*Dr. Adam Zalonde*

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ to bring my  
*(name of parent)* *(name of authorized person)*  
child(ren) to their dental appointment for necessary treatment on \_\_\_\_\_.  
*(date of appointment(s))*

This person that I am authorizing is patient's \_\_\_\_\_ . I can be reached at  
*(relation to patient)*  
\_\_\_\_\_ if there are any questions.  
*(phone number)*

Names of my child(ren) to be taken to Los Fresnos Dental Center by authorized guardian:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (LFDC Staff): \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENT CHECKLIST:**

- \_\_\_ Copy of parent's license or photo ID – signature needs to be on copy.
- \_\_\_ Copy of authorized guardian license or photo ID – signature needs to be on copy.