



Twinkling Smiles

Dr. Katina Beverly, D.D.S., LLC

1203 North 5th Street

Monroe, LA 71201

Phone: (318) 805-9000

Fax: (318) 805-0345

Medical Release Form for Minors Attending with a Guardian

We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give _____ the right to give consent to authorize total Dental care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the dental care shall be authorized. It is intended that this authorization relieve the physician, dentist, or other person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that the above named guardian shall act in my stead in making such decisions.

I understand that this form is in effect from the date signed and that it is my responsibility to inform Dr. Katina Beverly D.D.S., LLC of any changes to this form.

Signature of Parent / Guardian **Date**

Witness **Date**