



**Route 66
Children's
Dentistry
& Orthodontics**

Dentistry for Children and Teenagers

Consent to Authorize Treatment

If anyone other than the mother, father, or legal guardian of our patient brings him/her to our office for dental care or treatment we must have written authorization. This authorization form is required for reason pertaining to HIPAA, as well as the safety of your child. Your understanding and cooperation is greatly appreciated.

You may authorize other persons to bring your child to our office and authorize dental care and treatment by filling out the following form.

Patient Name: _____

I, _____ hereby give permission to
_____ to bring my child(ren) to Route 66 Children's Dentistry & Orthodontics, East for dental examinations, cleanings and treatment.

This authorization shall be in effect

- For the date of _____
- Until revoked by me _____

•Specializing in Pediatric Dentistry•

201 San Pedro Dr Se Suite B2
Albuquerque, NM 87108
PH: 505.232.5437 Fax: 505.254.7649

Dr. Lily Cha • Dr. Keely Chavez • Dr. Sheena Kowamoto • Dr. Helen Bush



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Signature: _____ Date: _____

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