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**Consent to Dental Care and Emergent Treatment
For a Minor Child***

To provide dental care for your child _____, your consent is required. We will maintain this written consent on file that authorizes Dr. Chris Rafoth and clinical staff to provide such care even in your absence.

I, _____, the natural parent/legal guardian of _____, hereby authorize and consent to dental care at Cascadia Family and Cosmetic Dentistry, when deemed necessary or appropriate by Dr. Chris Rafoth when I am unable to be present with him/her during their dental appointment.

Date

Signature of Parent/guardian

*a child is defined as anyone under the age of 18