



Smiles for the Future Pediatric Dentistry & Orthodontics

Child Health and Personal History Update Authorization

In the absence of a legal guardian or parent

We require at each child's visit a health and personal history purple form be updated prior to treatment. It is important that as a healthcare provider we are aware of any changes or concerns prior to providing care.

In the event that the legal guardian/parent is unable to attend and a child comes in with a chaperone, we require permission to have this person complete the healthcare form on your child's behalf.

Accordingly, please complete the following:

I, _____ hereby authorize the doctors and staff of Smiles for the Future Pediatric Dentistry and Orthodontics, to accept _____ on my behalf, to complete the Child health and Personal Health Update form. Treatment plans, exam feedback and questions may be asked of them and answers and decisions provided in my absence and supported.

Or: I wish to be contacted PRIOR to any additional proposed treatment at _____

If we are unable to reach you within 5-10 minutes of this initial attempt, we will reschedule the appointment until we can obtain authorization for treatment.

I understand that I may revoke this authorization in writing at any time by delivering such written revocation to the Privacy Officer of Smiles for the Future, Pediatric Dentistry and Orthodontics. I also understand that such revocation will not be effective as to the disclosure of records whose release I have previously authorized or where other action has been taken in reliance on an authorization I have signed.

Parent/Guardian (Print) _____

Parent/Guardian (Sign) _____

Child(ren) _____

Date _____

Witness _____

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