

Financial Responsibility

Dear Parent/Guardian,

In order to determine financial responsibility of your children's dental account, we would like the following to be approved, signed, and returned to our office. Thank you for your cooperation.

I, _____, hereby authorize that all necessary dental services and methods be rendered for my child/children, _____ and I assume financial responsibility for their dental account.

(Consent shall remain in force and in effect until canceled)

Signature: _____

Date: _____