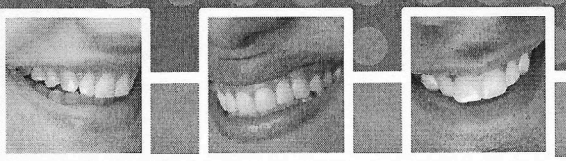
Wallingford Dental Associates, PC
205 North Main Street
Wallingford CT 06492-3711

(203)265-1250
wallingforddental@comcast.net
www.wallingforddentalassociates.com



Permission for Treatment
Children Appointments without Parent/Guardian Present

I,_____parent/guardian allow the doctors and hygienists of Wallingford Dental Associates to perform on my child(ren)_____ the following procedures if needed:

- ☐ Dental X-Rays (which may include bitewings, periapicals, panorex)
- ☐ Fluoride Treatment

Signature: _____ Date: _____

Relationship to Patient:

_____

Response Date: _____