

Non-Guardian

CONSENT FORM

I _____, give my permission for _____
(Guardian) (Name of the person to be authorized)

to make any dental decisions in my absence.

If you need to contact me, please contact me at: _____
(Phone number)

Thank you!

Patient's name

Date of birth

Guardian's signature

Date



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ORTHODONTICS

P: 434-385-4746
F: 434-237-6453

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7802 Timberlake Rd
Lynchburg | VA 24502