

DDS FAGD
JC DUNCAN

GENERAL DENTISTRY

103 Commerce Center Dr., Suite 101
Huntersville, NC 28070
(704) 948-1300

CONSENT TO TREAT MINORS

I (We) the undersigned parent, parents, or legal guardian of _____
DOB ____/____/____ a minor, do hereby authorize and consent to any x-ray, ex-
amination, anesthetic, dental diagnosis and performance of all recommended treatment
which is deemed advisable by and is to be rendered under the general or special supervi-
sion of any of any dentist of J. C. Duncan, DDS, FAGD. It is understood that this autho-
rization is given in advance of any specific diagnosis or treatment being required but is
given to provide authority and power to render care which the aforementioned dentists
in the exercise of their best judgment may deem advisable. It is understood that effort
shall be made to contact the undersigned prior to rendering treatment to the patient but
any of the above treatments will not be withheld if the undersigned cannot be reached.

I (we) understand the importance of my (our) presence during appointments, but in the
case of my (our) unavoidable absence, I (we) give permission for the following person(s)
to provide necessary supervision:

Name Relationship to Patient

Name Relationship to Patient

I (we) acknowledge that it is my (our) responsibility to immediately notify J. C. Duncan,
DDS, FAGD of any changes to the above information.

_____/____/____
Signature of Legal Guardian Date Relationship to Patient

_____/____/____
Signature of Legal Guardian Date Relationship to Patient