

Jacobsen Pediatric Dentistry
4019 W 12600 So Ste 200
Riverton, UT 84096
(801) 302-7938
jacobsenpd@gmail.com

Date: _____

I give permission for _____ to bring my child
_____ to Jacobsen Pediatric Dentistry for treatment.

I understand that treatment might change and the above person will be signing new treatment on my behalf. I also understand that I will be responsible for all fees not covered by my insurance and that they are payable at time of service and/or after claim has paid.

Signed by parent or legal guardian _____

Date: _____

NOTARY: