

# 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!

\_\_\_\_\_  
Guardian's signature

\_\_\_\_\_  
Date



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