



**Network Locations:**

- 1220 Oak Park Dr., Fort Collins, CO 80525 ~ Phone (970) 223-8687 ~ Fax (970) 225-1574
- 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~ Phone (970) 377-2500 ~ Fax (970) 207-1971
- 1122 9<sup>th</sup> St., #101, Greeley, CO 80631 ~ Phone (970) 353-5203 ~ Fax (970) 353-9441

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**CONSENT FOR TREATMENT**

I, \_\_\_\_\_, hereby give permission to \_\_\_\_\_,  
Print Parent/Guardian's Name Accompanying Adult  
to make necessary decisions regarding dental treatment for my child, \_\_\_\_\_,  
Child's Name  
at his/her appointment on \_\_\_\_\_.  
Date of Appointment

\_\_\_\_\_  
Parent/Guardian's Signature Today's Date