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**CONSENT FOR PERSON(S) OTHER THAN PARENT/LEGAL GUARDIAN TO
BRING PATIENT TO DENTAL APPOINTMENTS**

I, _____ the legal parent/guardian of _____, hereby give my permission for this patient to be brought to dental appointments at Tally Dental, PA. office of Dr. Romelio Abreu, DMD, by the following individuals:

NAME

RELATIONSHIP

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I further give permission to Dr. Romelio Abreu, DMD and/or Tally Dental, PA staff members to discuss dental treatment to be performed on my child, including but not limited to changes in treatment.

Signature of parent/legal guardian

Date