

KLEIN DENTAL CENTER
JAMES W. NEAL, D.D.S.
16832 Stuebner Airline
Spring, Texas 77379

Date _____

I, _____ give my permission for dental treatment to be rendered to _____ who is a minor. I attest that I am the legal guardian of this person. I give my permission for James W. Neal, D.D.S. to perform whatever dental procedures are necessary to provide optimum dental care for the above named patient following the guidelines as discussed with me in the proposed treatment plan.

Parent or legal guardian (printed)

Parent or legal guardian (signature)

Witness (printed)

Witness (signature)