



Macarena Planken DDS  
= = = & Associates = = =  
we love to see you smile

### Consent for Treatment of a Minor

I \_\_\_\_\_ am the parent/guardian of  
\_\_\_\_\_ who is a minor child, and I authorize  
examination and treatment as necessary by or under the supervision of Dr. Macarena Planken.  
This includes exposure of radiographs as necessary, use of local anesthetic, reasonable restraint  
as needed, and use of appropriate medicaments and materials for such treatment.

***I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION  
GIVEN ME VERBALLY. BY MY SIGNATURE BELOW I CONSENT TO THE  
TREATMENT DESCRIBED IN THIS PAPER.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_