DR SUNNY OKOROJI, MS, DDS, PA

1312 East Garrison Boulevard
Gastonia, North Carolina 28054
Phone: (704) 867-0766
Phone: (704) 853-0709
Fax: (704) 861-9104

Name of patient _____ Your Name: _____
(Print name of person having parental authority)

In my absence, the following individual(s) have my permission to act as guardian for my child's dental treatment(s):

_____ Relation to the child: __ Grandparent: __ Other (Specify) _____

_____ Relation to the child: __ Grandparent: __ Other (Specify) _____

_____ Relation to the child: __ Grandparent: __ Other (Specify) _____

_____ Relation to the child: __ Grandparent: __ Other (Specify) _____

Our Family physician is: _____

Hospital is: _____

Allergies: _____

I should be contacted immediately at: _____

If unable to contact me, please call: _____

I acknowledge that the Dentist has explained my child's condition and the proposed treatment plan. I understand relevant treatment options, the risks and likely outcomes.

Signed by: _____ Date: _____
Signature of person having parental authority)

Address: _____

_____