(310) 596 - 1111
smile@seahorsekidsdental.com

CHAPERONE CONSENT FORM

Patient's Name: _____

Patient's Birth Date: _____

Patient's Chart Number: _____

I _____ give _____ permission to consent to diagnostic aids including xrays, models, photographs and treatment as well as update patients health history to the following person:

Chaperone Name: _____

Patient's Birth Date: _____

Patient's Chart Number: _____

Chaperone Date Of Birth (21 Or Over): _____/_____/_____

Relationship To Minor: _____

Chaperone Signature: _____ Date: _____

Please keep this file for all future appointments (consent is valid for 90 days). Thank you.

Disclaimer: Cash, and/or Visa/MasterCard accepted, checks (if applicable). The responsible party is ultimately responsible for any and all fees incurred. If dental insurance is filed, the estimated contract co-pay is due in full at the time services are rendered. The responsible party is further responsible for any amount discounted or disallowed by the insurance company, except in the case where the amount is a contractual discount. If the insurance does not remit payment within 60 days, the full balance becomes the obligation of the responsible party, and it is then the responsible party's burden to collect from the insurance carrier. If an account should ever require collections action, the responsible party will be obligated to pay any and all collection fees.

☐ I understand and accept the above disclaimer as the responsible party

Parent/Guardian Acknowledgement/Acceptance: I agree to pay according to the conditions and limitations of the policy at the time services are rendered. The signature below also constitutes my agreement as the responsible party that the insurance shall submit payment to Seahorse Kids Dental. Patient (s) Health history form must be completed and attached with the chaperone consent. Please note picture identification will be needed on the day of service. This consent is only honored for 90 days from date of service.

_____
Phone Number

_____ _____ _____
Parent or Legal Guardian (print) Parent or Legal Guardian Signature Date