



Smile Castle

PEDIATRIC DENTISTRY

Dr. Hwang, Board Certified Pediatric Dentist

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Parent Delegation Form

Authorizing the Dental Care of a Minor

Parents: Please make arrangements to ensure that all co-payments and non-covered services are paid at the time services are rendered.

I, _____, am the
(Print Name)

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

the minor, _____.
(Print Name)

I, hereby, give _____
(Print name of person to whom authority is delegated)

authorization to approve any treatment the above named minor may need during his/her dental visits in your office. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parent
- Another adult who has care and control of the above named minor

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Phone Number