



Amanda Spitz, DDS, Pediatric Dentist
Certified, American Board of Pediatric Dentistry

Erin Winn, DDS, Pediatric Dentist
Certified, American Board of Pediatric Dentistry

Madeline Goettl, DDS, Pediatric Dentist
Certified, American Board of Pediatric Dentistry

Smiles in Motion S.C.
Pediatric Dentistry
583 Lakeland Drive, Chippewa Falls, WI 54729
1701 W. Knapp Street, Suite C, Rice Lake, WI 54868
3402 Oakwood Mall Drive #201, Eau Claire, WI 54701
t 715-723-2000
www.sim4kids.com

Consent for Treatment of Minors in Parent/Legal Guardian Absence

To comply with Wisconsin law, Smiles in Motion requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We (parent/guardian name) _____ authorize

Appointee's name _____ Appointee's Relationship to child _____

Appointee's address _____

Appointees phone number _____

To consent to:

___ Emergent or urgent care at Smiles in Motion when I cannot be reached.

___ Dental care at Smiles in Motion including lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.

___ Any and all necessary dental and surgical care and treatment at Smiles in Motion.

For my child (Child's Name): _____ Date of Birth: _____

During the period:

Date (month/day/year) _____ to _____
Start Date End Date

Smiles in Motion should attempt to contact me before providing care at the following numbers:

Home _____ Work _____ Cell _____

I further agree to reimburse Smiles in Motion for the cost of rendering these services to the extent that my insurance does not pay for these services.

Parent/Legal Guardian Signature

Relationship to Minor

Parent/Legal Guardian Address

Date