



**Smiles in Motion S.C.**  
Pediatric Dentistry  
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## 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 by a Smiles in Motion doctor. 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