Drs. Wood, Dunlevy & Lombardozzi
PEDIATRIC DENTISTRY & ORTHODONTICS

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Dear Parent:

For the protection of your child, it is necessary to require a permission slip if you are unable to accompany them for their dental appointment. The following form must be signed and dated by the parent or legal guardian for each visit.

I, _____, certify that I am a parent or legal guardian of _____, and do hereby give my permission
name of child
for _____, _____,
name of person with child relationship

to authorize Drs. Wood, Lombardozzi, and Eddleton, their employees, and agents to perform all reasonably necessary or recommended dental services for my child, regardless of whether I am present while such services are being rendered.

This form must be completed, signed, and dated for your child to receive treatment.

_____ _____
Signature of a parent or legal guardian Date

Roger E. Wood, D.D.S.
Pediatric Dentistry
Diplomate of the American Board of Pediatric Dentistry

H.A. Jack Dunlevy, D.M.D., M.S.
Orthodontics for Children and Adults
Diplomate of the American Board of Orthodontics

Nicholas C. Lombardozzi, D.D.S.
Pediatric Dentistry
Diplomate of the American Board of Pediatric Dentistry

Raymonia A. Eddleton, D.D.S.
Pediatric Dentistry