



Jackson's Dental Center

2611 M.L. King Jr. Drive, Suite A
Atlanta, Georgia 30311
Telephone: (404) 699-1919

Dental Consent Form

I hereby authorize the dental staff of Jackson's Dental Center to perform such diagnostic and treatment procedure, as they may deem necessary to restore the proper dental health to my child.

Child's Name

Child's Birthday

Child's Address

When the patient is a minor, the signature of the person authorized to give consent for the patient is required.

Name (Parent or Guardian)

Date