



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Pkwy Suite 101, Bryan, Texas 77802
(979) 846-7799
www.burchfielddds.com

Consent for Treatment

I am the parent or guardian of _____ who is a minor or otherwise disabled person, and I authorize examination and treatment necessary by or under the supervision of Dr. Patrick Burchfield or Dr. Gregory Melton located at 4444 Carter Creek Parkway, Suite 101, Bryan, Texas 77802. This includes exposure to radiographs as necessary, use of local anesthetic, reasonable restraint as needed (which may include the use of oral sedation) and use of appropriate medicaments and materials for such treatment.

I have read and understand the above information and the information given me verbally.

By my signature below I consent to the treatment described in this paper.

Parent/ Guardian Signature

Date



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