



***Kong Vang, DMD, PA***

**Brookdale Dental Care**  
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**CONSENT TO TREAT MINOR WITHOUT PARENT OR LEGAL GUARDIAN**

I \_\_\_\_\_, being the parent or guardian of \_\_\_\_\_,  
do hereby request and authorize the dental staff at Brookdale Dental Care to preform necessary  
dental services for my child, including x-rays, and administration of local anesthesia and any  
services deemed advisable by the doctor, even if I am not present in the operatory during the  
dental treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date