



## Parental Release Form

**\*\* Only valid for ages 16 and 17 years old. Age less than 16 years old requires parent presence at appointment\*\***

Service(s): \_\_\_\_\_  
\_\_\_\_\_

Date of service(s): \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) of  
\_\_\_\_\_ (minor patient) with date of birth \_\_\_\_\_

am consenting to allow him/her to receive the following service (s) in the absence of me personally being in the office.

All potential side effects and risks were discussed and acknowledged by me. All my questions have been answered in full regarding this procedure.

I understand that NO ADDITIONAL services will be performed today unless an updated consent has been completed.

I also understand that I am required to complete an updated Parental Release Form for each subsequent appointment date.

I also understand as parent/guardian that payment is required in full for copay or cosmetic/aesthetic service delivered at the time of service.

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

\_\_\_\_\_  
Date