



Dr. Terry M. Trezek, DMD
1630 Market center blvd
Ste 101 O'Fallon, MO 63368
(636) 329-1254
395 E Cherry street
Troy, MO 63367
(636) 462-8599

I am the parent/legal guardian of _____
(Child's Name)

I do hereby request and authorize Dr. Trezek and practice staff to perform necessary services for my child named above, including, but not limited to x-rays and treatment needed, which are deemed advisable by Dr. Trezek whether or not I am present when treatment is rendered.

Signature of parent or legal guardian

Date

Print name of parent or legal guardian

The following have permission to bring the child listed above for dental care if I am not available:

Name and relationship to child

Phone #

Name and relationship to child

Phone #