



**Ruby Canyon Dental**  
2552 Patterson Rd, Grand Junction, CO 81505  
(970) 241-1313  
www.rubycanyondental.com/

Powered by Dental Intelligence

## GUARDIAN AUTHORIZATION FORM

| DOB:

I agree to the following treatment to be performed in my absence	
Examination	
Radiographs (x-rays) deemed necessary	
Cleaning	
Fluoride	
Silver diamine fluoride	
Necessary restoration of decayed teeth	
Nitrous oxide (laughing gas)	
Extractions	
Emergency treatment as necessary	

### GUARDIAN AUTHORIZATION CONSENT

I request that I be contacted at the phone number below if treatment needs or recommendations change during treatment. If treatment recommendations change during treatment and I am not able to be reached I authorize the person accompanying my child to make an informed decision and authorize **Ruby Canyon Dental** to perform the necessary and recommended treatment. I understand this guardian authorization will remain in effect until revoked in writing.

Legal guardian's/Parent's signature:

Date:

Contact number	
What timeframe is this authorization permitted for?	