

Tel: 732-389-3400  
drmgordon.com

Dr. Marc  
**GORDON**

Eatontown  
Lakewood  
Manhattan

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Periodontics  
Implants

### MINOR CHILD TREATMENT RELEASE

I give my permission to Dr. \_\_\_\_\_ and/or his/her designated assistant to perform any and all dental techniques and procedures, including but not limited to the administration of nitrous oxide sedation and anesthetics, on my child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, whether or not I am present at the actual appointment when the treatment is rendered. I further expressly agree to be financially responsible for all treatment rendered to the above-named child(ren).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

