



**KENNETH
SCHWARTZ
DDS**
family dentistry

833 UNION STREET
SCHENECTADY
NEW YORK 12308
518.374.1935

Minor Treatment Consent Form

I, _____ give my permission to the staff of Kenneth D.
legal guardian/parent

Schwartz DDS to perform the following (checked) dental services on

_____, a minor I am legally responsible for.

legal guardian/ parent

date

fillings _____

cleaning _____

bitewings _____

full mouth x-ray _____

fluoride treatment _____