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Today's Date: _____

Patient Name: _____

Date of Birth: _____

I, authorize _____ to escort my child to his/her dental appointments and allow this escort to provide consent for any needed dental treatment.

Furthermore, I authorize Dr. Amanda Velazquez and her staff to examine the patient, clean his/her teeth, take dental radiographs, perform any necessary dental treatment, administer local anesthetic, administer medications, apply topical fluoride, obtain study models and other necessary records in my absence.

Escort Name: _____

Relationship to the Patient: _____

Legal Guardian: _____ / _____
(Printed name) (Signature)

Relationship to the Patient: _____

Contact Number: _____