



ORTHODONTIC APPOINTMENT PERMISSION

Patient Name: _____

Date of Birth: _____

We know your schedule is busy and it's not always convenient to accompany your child to every appointment. Whether your child is brought in by Grandma, another family member or a friend, or is old enough to drive themselves, we want to make getting to their orthodontic appointments as easy as possible for your family.

By signing below, you're giving Johnson Orthodontics permission to see your child for their regularly scheduled orthodontic appointments, even when you aren't here.

What does this mean?

- We can complete routine orthodontic adjustments and other visits that are already part of your child's treatment plan.
- We'll keep you in the loop! Appointment summaries, instructions and recommendations will be shared with you by text or email.
- **You're still in charge of the big decisions.** This permission does not authorize changes to your child's treatment plan or other major treatment decisions.

Please check one:

- ☐ **YES!** My child may attend appointments without me, whether they're brought by another responsible person or arrive on their own.
- ☐ **NO.** I prefer to be present at all my child's orthodontic appointments.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: _____

This permission remains in effect until I withdraw it in writing, my child turns 18, or active orthodontic treatment is completed, whichever comes first.