



James E. Lenahan, DDS PC
Megan E. Lenahan, DDS

10004 Kennerly Road, Ste 340A
St. Louis, MO 63128
(314) 843-8500
www.LenahanSmiles.com

Date: _____

In my absence, I hereby give authorization for the person(s) listed below to bring my child(ren) to the office of James E. Lenahan, DDS or Megan E. Lenahan, DDS and to consent for any and all recommended dental/medical services.

Child's Name	Date of Birth	Authorized Person	Relationship to Child

Parent/Legal Guardian signature: _____

Printed name: _____

This authorization will remain in effect until changes are made by the parent/guardian as signed above.

Minor Children (ages 16 and older)

My child, _____ may be seen for dental attention in the office of James E. Lenahan, DDS or Megan E. Lenahan, DDS WITHOUT a parent or legal guardian present. I understand that I will be contacted for treatment plans or any changes in treatment.

Parent/Legal Guardian: _____