

Responsible Parent Form

Treating children of separated, divorced or transition parents can present challenges for us at ChauLong T Nguyen Dental Corporation when parents disagree on issues such as proposed treatment of a child, financial responsibility and scheduling arrangements, all of which may lead to compromising care. Even in joint custody arrangements, the consent of one parent is generally sufficient to proceed with treatment. Dr. Nguyen hopes the following form will assist all of us with documenting these decisions to provide clarity and confirmation for the parents *and* our practice.

Child's Name: _____ **Date:** _____

Child's DOB: _____

Child's Home Address: _____

City: _____ **State:** _____

Child's Home Phone: _____

Who is accompanying the child today? _____ Relation: _____

Are you a legal guardian? YES _____ NO _____

Parent's Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Partnered _____

Other family members seen by us:

Responsible Party For: Treatment considerations/ Financial Decisions and scheduling Arrangements

Name: _____

Relation: _____

Contact: _____

Employer Name: _____

Employer Address: _____

Signature: _____ **Date:** _____