



Smile Builders Pediatric Dentistry  
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(813) 880-0111 (F)  
[www.smilebuilders4kids.com](http://www.smilebuilders4kids.com)

## **PATIENT ESCORT FORM**

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 necessary dental treatment.

Furthermore, I authorize Dr. Robyn Lesser/Dr. Donna Nichols/Dr. Tate and staff to examine the patient, clean his/her teeth, take dental radiographs, perform any necessary dental treatment, administer local anesthetic if recommended, administer medications, and apply topical fluoride.

ESCORT NAME: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

Parent/Legal Guardian (print name):

\_\_\_\_\_

Parent/Legal Guardian (signature):

\_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

