



Smile Builders Pediatric Dentistry
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(727) 285-8398(F)
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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 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: _____