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Authorization to Seek Dental Care
(Please Print)

I _____ give authorization
(Parent/Legal Guardian Name)

to _____ to take my child _____
(Name of Person Accompanying Child) (Childs Full Name)

to the office of Endo Group Houston for dental care. I give my child's accompanied authorization to fill out any paper work necessary and make dental decisions for treatment, if any needed. I understand that this authorization is valid for this visit only. I have also provided a copy of my driver's license and a contact number were I could be reach at if the doctor has further questions.

(Parent/Legal Guardian Signature)

(Date)