

Natalie A. Lenser D.D.S

Pediatric Dental Specialist
3109 Coffee Road, Suite B
Modesto, CA 95355
571-7283

Date_____

I_____ give _____ permission
(Parent's Name)

to bring my child_____ to see Dr. Natalie Lenser

for all dental treatment necessary. I authorize this between the dates of

_____ and _____.
Date Date

Parent/Legal Guardian Signature