



Patient Escort Form

We request that a Parent/Guardian be present at least every other orthodontic appointment for a comprehensive conversation regarding orthodontic progress and/or questions regarding financial arrangements and/or past due accounts. We recognize, however, that from time to time it may be necessary for someone other than a parent or guardian to accompany the child for treatment. With execution of the Consent to Release Information to Escorting Parties, we are asking you to provide us with written authorization to release your child's or ward's information regarding his or her orthodontic progress, oral hygiene, compliance, or any other necessary information pertaining to the potential success of their orthodontic treatment to a third party.

As the parent and/or guardian of _____, I hereby give consent to *Torres Orthodontics* to provide information about my child's or ward's orthodontic progress, oral hygiene, compliance, or any other necessary information that pertains to the overall success of their orthodontic treatment to the persons listed below. I also understand, as the responsible party for my child's treatment, that *Torres Orthodontics* is requesting my attendance at least at every other appointment as a way to ensure appropriate personal communication on my child's orthodontic treatment.

Please list below those individuals who may escort your child to their appointments and to whom *Torres Orthodontics* may release the afore described information:

Escort Name: _____

Relationship to patient : _____

Contact Phone Number: _____

This Consent to Release Information to Escorting Parties shall be effective immediately, and shall continue in full force and effect until I withdraw it by written notice provided to *Torres Orthodontics*.

Parent/Guardian Signature

Date