



# Valley Dental

## Responsible Party

Please list all patients you are responsible for:

Patient Name(s) \_\_\_\_\_

Responsible Party \_\_\_\_\_

Relationship to patient(s): Please select one of the following

- Mother/Father
  - Stepmother/Stepfather
  - Grandmother/Grandfather
  - Aunt/Uncle
  - Other (Please list) \_\_\_\_\_
- If you selected anything other than biological parent, you must provide legal documentation stating that you are able to make decisions on behalf of any minor or otherwise incapable patients. If this legal documentation cannot be provided on the appointment date, you will have to reschedule.
  - I certify that I am legally able to make decisions for the above listed patient(s). I understand that I am responsible for all bills, finance charges or collection fees that may occur on this account.
  - I understand that I am responsible for this patient until they turn 18 years of age, unless I sign and provide legal documentation stating that I have Power of Attorney (POA) or continued custody of the patient.
  - If the patient is under 18 and is not allowed contact with an individual, I must provide legal documentation stating such.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_/\_\_\_/\_\_\_  
Date