MDS MOBILE DENTISTRY SOLUTIONS
COMPASSIONATE DENTAL CARE

7575 San Felipe Suite 101 Houston, TX 77063
Phone (832) 716-0909 Fax (855) 827-7442
Contact@mobiledentistrysolutions.com

RESPONSIBLE PARTY CONSENT FOR DENTAL CARE TO INCAPACITATED ADULT

I, _____ hereby represent that I am the duly authorized
Please Print - Responsible Party's Name

Responsible Party for the following Incapacitated Adult (Patient):

			/ /	
First	**M I**	**Last Name**	**DOB**	**M or F**

Relationship to the Patient: ☐ *Son* ☐ *Daughter* ☐ *Husband* ☐ *Wife* ☐ *Relative* ☐ *Other*

As the Responsible Party, I represent that I have the authority and assume responsibility for the following:
1) Providing Consent/Authorization for dental treatment for Patient by the Mobile Dental Solutions (Dentist).

2) Providing accurate, on-going and up-to-date medical & dental information concerning the Patient.

3) Financial responsibility for charges incurred related to dental visits and dental treatment provided for the Patient in compliance with the payment policies of the Dentists.

This consent is granted to the authorized Mobile Dental Solutions care team, Dr. Scott Coleman and ColeDent P.L.L.C. d/b/a Mobile Dental Solutions. This consent shall remain in effect from the signature date below until such time consent is removed or withdrawn by the Responsible Party in writing to:

Mobile Dentistry Solutions
7575 San Felipe Suite 101 Houston, TX 77063 Office (832)716-0909 Fax (855) 827-7442
Contact@mobiledentistrysolutions.com

	/ /
Signature of Responsible Party	**Date**
Responsible Party's Street Address	

City	**State**	**Zip**
( ) -		
Phone	**Email**	