



Doctor Treatment Authorization

Thank you for choosing Nolensville Pediatric Dentistry as your child's dental care provider. Our main focus at Nolensville Pediatric Dentistry is to ensure that your child had a positive dental experience. Our doctors are uniquely trained to care for the oral health and dental development of infants, children, adolescents, and special needs patients.

By signing below, I hereby authorize Dr. Ryan Cregger and his associates to perform any and all necessary preventative and/or restorative procedures that they deem necessary, with the consent of the parent or legal guardian. These procedures may include, but are not limited to photographs, x-rays, fluoride treatments, fillings, extractions, crowns, the administering of nitrous oxide, and/or sedation medications, and other dental procedures.

Should you have any reservations, please see the receptionist. Otherwise please sign the below authorization.

Parent or Legal Guardian

Print Name of Patient

Date