



Ricky Carlyle, D.D.S.

206 Airport Rd.
Kinston, NC 28504
(252) 522-1777

DESIGNATED ESCORT FOR MINOR CHILDREN

I, _____, PARENT / LEGAL GUARDIAN (CHOOSE ONE)
OF _____ (PATIENT) WHOSE BIRTHDAY IS
_____, GRANT PERMISSION TO _____
(RELATIONSHIP TO THE PATIENT: _____) TO ACCOMPANY
THE PATIENT, TO ANY APPOINTMENTS FOR TREATMENT WITH DR. RICKY CARLYLE'S DENTAL
PRACTICE LOCATED AT 206 AIRPORT ROAD, KINSTON, NC 28504.

I UNDERSTAND I AM RESPONSIBLE FOR COMPLETING AND SIGNING ANY NEW PATIENT
PAPERWORK OR ANY UPDATES TO PAPERWORK KEPT ON FILE. FURTHER, I WILL MAKE
FINANCIAL ARRANGEMENTS PRIOR TO ANY APPOINTMENT WHERE A CO-PAY OR OUT-OF-
POCKET EXPENSE IS ANTICIPATED, AND WILL SEND PAYMENT WITH THE ESCORT ON THE DAY OF
SERVICE WHERE APPLICABLE.

FURTHERMORE, I AUTHORIZE THE FOLLOWING:

_____ ESCORT CAN **ONLY ACCOMPANY** MY CHILD FOR ROUTINE CARE NOT REQUIRING
AUTHORIZATION.

_____ ESCORT CAN ACCOMPANY MY CHILD AND **MAKE DECISIONS OR SIGN ON MY BEHALF** FOR
ANY TREATMENT REQUIRING AUTHORIZATION.

_____ ESCORT CAN ACCOMPANY MY CHILD FOR ROUTINE CARE, BUT **PLEASE CALL ME BEFORE
SCHEDULING** FUTURE VISITS OR DOING ANY WORK REQUIRING AUTHORIZATION.

DESIGNATED ESCORTS MUST PRESENT A VALID OFFICIAL PICTURE ID.

SIGNATURE OF LEGAL GUARDIAN _____
DATE

WITNESS _____
PHONE NUMBER _____
DATE