

ANGELINE-DIEP LAM, DDS, FICOI

3319 J Street
Sacramento, CA 95816
Telephone: (916) 444-2532
Fax: (916) 440-0162

2839 Spafford Street, Suite A
Davis, CA 95618
Telephone: (530) 758-8828
Fax: (530) 758-3199

AUTHORIZATION FOR DENTAL TREATMENT

Patient's Name _____
(Please print or type)

I hereby authorize Angeline-Diep N. Lam, D.D.S., to examine, to perform dental treatment to the above named patient in accordance with her professional judgment, including prescribing and / or administering anesthetics, analgesis or other drugs as she may deem necessary with regard to dental treatment.

Signed _____
(Parent or legal guardian)