

TRANSPORTATION CONSENT FORM

I/We, the undersigned, being the natural parent (s) or natural guardian (s) of

_____ do hereby grant my/our consent to
(Name of Patient)

Innovative Orthodontics, LLC to arrange for free transportation of my/our child named
above from his/her school to-wit _____

(Name of School)
to the office of Innovative Orthodontics, LLC at whichever location those offices may be
established for the purpose of regular appointments relative to orthodontic procedures
being performed relative to child by Dr. Terry Spence. This consent form shall remain in
full force and effect until written notice is given by the undersigned and received by
Innovative Orthodontics, LLC at 2103 Broadway, Cape Girardeau, MO or
430 West Independence, Jackson, MO, or 334 North Main, Perryville, MO.

DATED this _____ day of _____, 20__.

Signature of Parent or Guardian

Signature of Parent or Guardian

PLEASE PRINT: FULL NAME _____
ADDRESS _____
PHONE # _____
CELL # _____