



Wentz Orthodontics Transportation Consent Form

The undersigned, parent or guardian

of _____

does hereby consent to transportation to and from
_____ school, by Wentz Orthodontics transportation service to
the offices of Wentz Orthodontics for the purpose of an orthodontic appointment.

It is understood that my child will be returned to school by Wentz Orthodontics.

Signature _____ Date _____

Home Phone () _____ Work Phone () _____

Be in School Office at _____

Orthodontic Appointment Time _____

Orthodontic Appointment Date _____

**To confirm or Schedule
an appointment:
806-79-BRACE
(806-792-7223)**