



ABC Dentistry for Children

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Recognized specialist by the
American Dental Association

I _____ give permission to
_____ to bring my child/children
_____ for dental treatment to include x-rays
fluoride, exam , prophylaxis, make dental decisions for all future dental
appointments and to talk to the doctor in regards to dental treatment.

Parent Signature

Date

State of Arizona)
)
County of _____)

On this _____ day of _____, 20____, before me personally appeared
_____, whose identity was proven to me on the basis of
satisfactory evidence to be the person who signed the above document.

Notary Public

My Commission Expires:
