



ABC Dentistry for Children

James R. Michaud, D.D.S. M.S.
Richard N. Michaud, D.D.S.
Braden Michaud, D.D.S.
Harsha Santiago, D.M.D.

Recognized specialist by the
American Dental Association

I, _____ (guardian) give permission to the
following individuals _____ to bring
my child/children _____ for dental

treatment, to include, but not limited to, exam, x-rays, fluoride, prophylaxis, and
restorative work and to make dental decisions for all future dental appointments, and to
talk to the doctor in regards to dental treatment.

IF SIGNED BY A PARENT (GUARDIAN) AT OUR OFFICE:

Parent Signature Date

Office Witness Signature Date

Office Witness Signature Date

IF NOT SIGNED AT OUR OFFICE, A NOTARY IS REQUIRED:

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:

2363 E. Baseline Rd.
Gilbert, AZ 85234
(480) 558-1400

21321 E. Ocotillo Rd., Ste. 109
Queen Creek, AZ 85142
(480) 655-5333

10720 E. Southern Ave., Suite 115
Mesa, AZ 85209
(480) 558-9713