



ABC Dentistry for Children

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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:
