



ABC Dentistry for Children

James R. Michaud, D.D.S. M.S.

Recognized specialist by the
American Dental Association

Harsha Santiago, D.M.D.
Richard N. Michaud, D.D.S.

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

Notary

Date