

# Vacaville Pediatric Dentistry

I \_\_\_\_\_ parent of \_\_\_\_\_ give my  
(print name) (print name)  
permission for \_\_\_\_\_ to make any and all dental  
(print name)  
decisions in my absence. If you need to contact me during this appointment please  
contact me at \_\_\_\_\_. Thank you.

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Signature

Date