

Limited Power of Attorney

I, _____, as natural parent/natural guardian of

1. _____

2. _____

3. _____

Hereby appoint:

1. _____

2. _____

3. _____

the power to consent to dental care for the children named above in my absence for services or treatment at ALL GRINS 4 KIDS PEDIATRIC DENTISTRY.

I hereby declare that any dental care rendered pursuant to this Dental power of attorney is ratified and approved, that this dental power of attorney shall remain in full force and effect until it is revoked by me.

In witness whereof, I have signed this dental power of attorney on

Date: _____

Parent:

Signature: _____

Witness:

Signature: _____

