

Michael and Chan Smiles, Ltd.
850 I STREET
SPARKS, NV 89431
PHONE (775) 358-5330
FAX (775) 358-5344



I, parent/legal guardian of _____ give permission to
_____ to bring my child/children to
their dental appointment. I give permission to Michael and Chan Smiles,
Ltd. to perform any needed dental treatment.

If you need to contact me I am available at the following phone number:

Signature of parent/legal guardian: _____

Date: _____