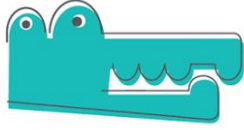


NEW ORLEANS



CHILDRENS
DENTAL CENTER

Dr. Claudia Cavallino
Dr. Kellie Axelrad
Dr. Nicole Boxberger
6264 Canal Blvd., Suite 1
New Orleans, Louisiana 70124
P: (504) 833-5528
F: (504) 833-5542

Consent for an adult other than myself to bring my child for dental care

Child's Name: _____ Date of Birth: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S):

As custodian of the aforementioned minor, I grant my authorization and
consent for a designated adult,

_____ (name) _____ (relationship)

to give verbal and written consent for dental procedures at New
Orleans Childrens Dental Center. I authorize the designated adult to
exercise best judgment upon the advice of dental personnel.

Effective Date: _____

Signed this _____ day of _____, 20____

Parent / Guardian Signature: _____

Printed Name: _____

Best contact number: _____