

A CHILDRENS DENTIST LLP
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Date: _____

To Whom It May Concern:

This letter is to certify that I _____

Parent or guardian of _____ (child's
name), give permission for _____ to act in my

behalf in making all medical and dental decisions for my child while under the
care of Dr. Michael D. Saxe/Dr. Joshua L. Saxe. This will include but not be
limited to, changes in treatment plans, changes in cost estimates, and all medical
emergencies for my child which may or may not be life threatening.

Parent or Legal Guardian

Date

Witnessed this _____ day of _____, 20___, in the State of Nevada by,

Notary