Matthew Hillman, DDS
smiles Dentistry for Kids

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DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

This form is to designate a representative to act on your behalf should you not be present to make health care decisions for your child.

The following person(s) is/are designated to be my agent for any health care decisions pertaining to my child's dental visit. I authorize them to make decisions on my behalf, including, but not limited to: consent for treatment, change in treatment, refusal of treatment, financial decisions*, or review of medical records.

Representative	Relation to patient	Telephone Number
Representative	Relation to patient	Telephone Number
Representative	Relation to patient	Telephone Number
Representative	Relation to patient	Telephone Number

Parent/Guardian signature	Date

**Estimated co-pay is due on the date of service regardless of who accompanies the child*

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