



Twinkle Little Star™
Pediatric Dentistry

Twinkle Little Star Pediatric Dentistry, LLC
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(201) 358-0800

Grace E. Chin, DDS
NJ Pediatric Dental Specialty Number #06080

DENTAL DESIGNEE FORM

I, _____, (*parent's/legal guardian's name*)

hereby give permission for any and all dental attention to be administered to my

child _____ (*child's name*)

in the event of accident, injury, routine care, etc. under the direction of the person(s) listed below. I also assume the responsibility for the payment of any such treatment.

- Relative:
 - Name: _____
 - Relationship: _____

- Babysitter or Nanny
 - Name: _____

Signature (Parent/Legal Guardian): _____

Date: _____

NOTE: Designation expires 30 days from the date this form is signed, unless the form is notarized, whereby the designation expires 6 months from the date this form is signed.