Pediatric Associates of Mt. Carmel, Inc

Established 1972

Michael S. Chamberlin, MD
Jennifer B. Richard, MD
Christopher B. Peltier, MD
Tricia Minton, MD
Lynn K. Peters, DO
Kevin A. Pittinger, MD
Lauren T. Huff, MD
John Doscher, M.D
Sarah Selickman Heidt, MD
Daniel R. Kroeger, MD
Cathryn Sabulski, MD
Angeli Underiner, MD

Treatment Authorization

Name of Patient_____DOB_____

Name of Patient_____DOB_____

Name of Patient_____DOB_____

Name of Patient_____DOB_____

I hereby authorize:

_____

to present my child and/or children to Pediatric Associates of Mt. Carmel, Inc. for medical care in my absence, and give Pediatric Associates of Mt. Carmel, Inc. permission to treat any and all medical conditions during this and subsequent visits. This consent is good for one year starting _____ and ending _____.

This form must be updated annually.

_____ _____

Signature of Parent or Legal Guardian Date

_____

Relationship to Patient