

DESERT PEDIATRICS

2150 S. Eastern Avenue
Las Vegas, Nevada 89104
Phone (702) 641-2150
Fax (702) 641-8667

7180 Cascade Valley Ct. #180
Las Vegas, Nevada 89128
Phone (702) 641-2150
Fax (702) 228-1043

TREATMENT AUTHORIZATION

THE FOLLOWING PEOPLE, OTHER THAN THE PARENTS, ARE AUTHORIZED TO BRING:

_____ TO DESERT PEDIATRICS FOR TREATMENT.
(Child's/Children's Names)

HAS AUTHORIZATION
TO ACCESS
MEDICAL RECORDS

_____ YES NO _____
(Name) (Relationship to Child)

_____ YES NO _____
(Name) (Relationship to Child)

_____ YES NO _____
(Name) (Relationship to Child)

PLEASE BE ADVISED THAT ALL INDIVIDUALS LISTED ON THE TREATMENT AUTHORIZATION WILL BE REQUIRED TO PROVIDE IDENTIFICATION AT EVERY OFFICE VISIT.

THIS TREATMENT AUTHORIZATION WILL SUPERCEDE ALL PREVIOUS AUTHORIZATIONS. ONLY PERSONS LISTED ON THIS MOST RECENT DOCUMENT WILL BE ABLE TO SEEK TREATMENT FOR CHILD/CHILDREN.

Date: _____

Parent/Guardian: _____

Witness: _____