

ANNAPOLIS DERMATOLOGY CENTER, PA

Debra L. Bailey, M.D.

Beth G. Diamond, M.D.

Gail R. Goldstein, M.D.

Christine D. Ambro, M.D.

Krista K. Buckley, DO.

Ravi Ubriani, M.D.

Erin D. Brimhall, C.R.N.P.

71 Old Mill Bottom Road North
Suite 300
Annapolis, MD 21409
Telephone (410) 268-3887 - Fax (410) 268-8171

Parental Consent to Treatment of a Minor

(I)(We), the undersigned, parent(s) of _____, hereinafter "Minor", do hereby grant permission to the Annapolis Dermatology Center to treat in (my) (our) absence for any medical or surgical diagnosis or treatment which is deemed advisable by, and is rendered under the general or specific supervision of any physician, when such medical or surgical diagnosis or treatment is rendered at the office, located at 71 Old Mill Bottom Road North Suite 300 Annapolis Maryland 21409.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or care being required, to grant consent for treatment to the aforementioned minor in (my) (our) absence.

This authorization shall remain in effect:

through the _____ day of _____, 20____.

until age 18

Parent _____ Date: _____
Signature

Parent _____ Date: _____
Signature