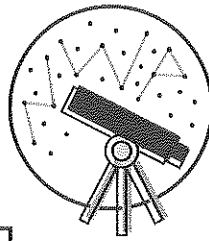


Steven G. Krause, M.D.  
Alana E. Adair, M.D.  
Michael D. Vincent, M.D.



Carla J. Hardzog-Britt, M.D.  
C. Tony Leveridge, M.D.  
Larissa Madore, M.D.

# Northwest PEDIATRICS

## Consent to Treat Patient—Without Parent/Legal Guardian Present:

### Authorization:

I am the legal guardian of the child listed below and have the legal right to preauthorize *Northwest Pediatrics of Oklahoma City* and its personnel to give routine medical treatment and services to my child. Routine medical care and interventions may include, but not limited to: medical evaluation, physical exam, routine immunizations, injections and lab work.

I, \_\_\_\_\_ request and authorize *Northwest Pediatrics of Oklahoma City* and its personnel to deliver routine medical care to my child listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during the visit.

Child's Name:

---

Date of Birth:

---

The following person(s) have my permission to bring the child listed above:

Name	Phone Number	Relationship
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Print Parent's Name:

---

Parent's Signature:

---

Date:

---