DSH
Dermatology & Skin Health

Gary Mendese, MD
Stephen Moyer, DO
Robert Murgia, DO
Daniel O'Connor, MD
Todd Wechter, MD
Neera Nathan, MD
Molly Plovanich, MD
Alaina Iannazzi, PA-C
Rachel York, PA-C
Nathan Hand, PA-C
Michelle Ryder, PA-C
Heather Bigos, PA-C
Stephanie Grant, NP
Jane Tallent, NP
Christine Horrigan, NP
Lindsey Ramsey, RN
Brooke Comire, RN

Parental Pre-Authorization for Medical Care to Children

For families who are ongoing patients of Dermatology & Skin Health, it may be more convenient to have prior authorization for medical care delivered to minors without a parent having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.

AUTHORIZATION

I (we) request and authorize Dermatology & Skin Health and its personnel to deliver medical care to my (our) child listed below:

PLEASE PRINT:

Name: _____ D.O.B. _____/_____/_____

You may try to contact me (us) regarding the health of my (our) child at the following number(s)

Parent's Name: _____

Phone (office/home): _____

Parent's Name: _____

Phone (office/home): _____

Other (relationship): _____

Phone (office/home): _____

Signature: _____ Date: _____