



Gary Mendese, MD
Stephen Moyer, DO
Christina Correnti, MD
Robert D. Murgia III DO
Richard Horan, MD
Jane Tallent NP
Melissa Cyr, Phd, NP

Michelle M. Roy, PA-C
Alaina Iannazzi, PA-C
Andrea Bourke PA-C
Cassandra Cavanaugh, NP
Rachel York PA-C
Lindsey Ramsey, BSN, RN
Stephanie Grant, BSN, 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 _____ Date of Birth: _____

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