

Southeast Denver Pediatrics, P.C.

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Consent Form for the Preauthorization to Treat Minors

For families who are ongoing patients of Southeast Denver Pediatrics, P.C., it may be more convenient to have prior authorization for medical care delivered directly 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 (Please Print Legibly)

I/we _____ request and authorize Southeast Denver Pediatrics, P.C. and its personnel to deliver medical care to my/our child(ren) listed below:

Name: _____

DOB: _____

Please note: Parents who request a phone call from the healthcare provider with additional questions or concerns about an appointment for which they were not present may be billed for prolonged services.

Name

Date

Printed Name

Relationship to Patient