CONSENT TO RELEASE INFORMATION TO PARENT/LEGAL GUARDIAN
(Patients 18+ years old)

Pediatric TLC
Complete health care for tots and teens
P.C.

Consent Information

In order to speak to your parent/legal guardian regarding your medical care, we will need your consent. By giving consent, you allow us to speak with them regarding your medical care and to do the following:

- Schedule, cancel or reschedule appointments
- Update demographic information (phone number, address, pharmacy, etc.)
- Coordinate referrals and prior authorizations
- Anything additional to assist in your care

Consent Form

I give permission for Pediatric TLC P.C to speak with the following parent(s)/legal guardian(s):

Patient Signature _____ Date _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

This permission is valid until patient terminates

1819 SW Nebraska Avenue, Grants Pass, Oregon 97527 541-479-2411 fax: 541-479-2236