

Port City Pediatrics, P.L.C.

1455 Farr Road
Norton Shores MI 49444

Richard Golz, M.D.
Elizabeth Pallante, M.D.
Karl Nicles, M.D.
Alison Fox, M.D.
Phone: 231-737-0411
FAX: 231-739-8502



Paul Alban, M.D.
Dustin Miller, M.D.
Jessica Pedersen, M.D.
Phone: 231-737-0411
FAX: 231-739-4130

CONSENT FORM FOR PATIENT WHO IS 18 YEARS OLD

AUTHORIZATION FOR THE PARENT TO RECEIVE MEDICAL INFORMATION

PATIENT'S NAME: _____ **DOB:** _____

I give my parent(s)/guardian(s)/the person(s) listed below, my permission to receive any/all medial information pertaining to me.

Name of parent/guardian/other

Phone number

Relationship to patient

Name of parent/guardian/other

Phone number

Relationship to patient

I Accept. By selecting the "I Accept" button and typing your name below, you are signing this Agreement electronically.

Signature of patient

Today's date