Pediatric & Adult Medicine, Inc.
A Member of CHOC Children's Network

18102 Irvine Blvd. #103 / #105
Tustin, CA 92780-3423
Tel: (714) 565-7960
Fax: (714) 565-7982
www.pam4kids.com

Date: ______________________________ MRN: _________________________________

Please initial your decision choice.

___________ I **DO** give authorization for the physicians and staff of Pediatric & Adult Medicine, Inc. to speak with ☐ Any contact, ☐ Additional Contact, ☐ Emergency Contact ☐ Next of Kin.

___________ I **DO NOT** give authorization for the physicians and staff of Pediatric & Adult Medicine, Inc. to speak with ☐ Any contact, ☐ Additional Contact, ☐ Emergency Contact ☐ Next of Kin.

This authorization does not include information regarding sexual relations, sexual abuse, sexually transmitted diseases, etc., pregnancy, drugs, alcohol use, suicidal thoughts / mental health issues, violence or abuse of any kind.

This authorization is in effect until an updated form is submitted by me.

____ ________________________

Signature Date of Birth

____

Printed Name