

mid-atlantic

skin surgery institute

SOUTHERN MARYLAND DERMATOLOGY

Verghese & Ling, MD PA

MINOR AUTHORIZATION FORM

The following information must be completed in its entirety for any minor patient under the age of 18 to be seen without parent/guarantor/legal guardian present at the date and time of service: (the person bringing the patient to the appointment must be 18 years old or older and be able to show identification)

THE PERSON FILLING OUT THIS FORM MUST BE ON THE PATIENT'S ORIGINAL PAPERWORK FILLED OUT AS A NEW PATIENT

Patient name: _____ DOB: _____

Person completing this form : _____

Relationship to patient : _____

How can we contact you at appointment time if necessary? _____

I am authorizing _____ to bring my child, _____

to their appointment on _____.

What is this persons' relationship to the patient? _____

By signing below, I am authorizing Mid-Atlantic Skin Surgery Institute and its personnel to deliver medical care to my child. I acknowledge that a minor authorization form must be filled out for each date of service in which I am not present. I am providing a contact number at the date and time of service in case I need to be reached. This form can be obtained by going to our Mid-Atlantic Skin Surgery Institute website under the forms tab.

Signature

Date

****OFFICE PERSONNEL MUST SCAN THIS FORM IN PATIENT'S CHART AT THE TIME OF SERVICE****

173 St Patrick's Drive Suite 201 Waldorf, Md 20603
26840 Point Lookout Rd. Leonardtown, Md 20650
23415 Three Notch Road Suite 2052 California, Md 20619