

HEALTHY STAGES PEDIATRICS
1115 MT. ZION RD. STE. E
MORROW, GA. 30260
PHONE-770-960-9999
FAX-770-960-0931
EMAIL-healthystagespediatrics@gmail.com

I _____ give my permission
(parent/guardian)

to _____

(relationship to
patient) _____

to sign for treatment & receive any information pertaining to
my child/children _____

D.O.B. _____ to be treated by the staff of

HEALTHY STAGES PEDIATRICS.

Signature of
Parent _____

Date: _____