

Permission to Treat Statement

In the event of an emergency or in my absence
James S. Bluhm, M.D., Mari Kay Evans-Smith, M.D.,
Laura L. Dahl, M.D., Pilar H. Buerk, M.D., Jennifer J. Siebold, C.P.N.P.,
Jay S. Rosenbloom, M.D., Bruce J. Birk, M.D., Albert E. Chaffin, M.D.,
Whitney N. Casares, M.D., M. Allison Baynham, M.D., Scott S. Spencer, M.D.,
Peter N.T. Reed, M.D., and Richelle M. Neal, M.D.
have permission to treat me and/or my child(ren).

Patient Name

Date of Birth

Responsible Party

Date

Witness

nw office

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