

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.,
Pilar H. Buerk, M.D., Jennifer J. Siebold, C.P.N.P.,
Jay S. Rosenbloom, M.D., Bruce J. Birk, M.D., Whitney N. Casares,
M.D., Scott S. Spencer, M.D., Peter N.T. Reed, M.D., Heather M.
Larson, M.D., Tiana L. Won, M.D., Claire Ruggeri, M.D., Jeanette
Haughton, C.P.N.P., and Kaseymichelle Qualman, D.N.P, C.P.N.P
have permission to treat me and/or my child(ren).

Patient Name

Date of Birth

Responsible Party

Date

Witness

Beaverton Office

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Beaverton, OR 97007
Tel: 503-673-1071
Fax: 503-227-0676

Portland Office

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Tigard office

7150 SW Dartmouth St.
Tigard, OR 97223
Tel: 503-968-3480
Fax: 503-227-4589