



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., Albert E. Chaffin, M.D.,
Whitney N. Casares, M.D., Scott S. Spencer, M.D., Peter N.T. Reed,
M.D., Heather M. Larson, M.D., and Tiana L. Won, MD

have permission to treat me and/or my child(ren).

Patient Name

Date of Birth

Responsible Party

Date

Witness

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Beaverton, OR 97007
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7150 SW Dartmouth St.
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