Willy Pezzia, M.D., P.A. & Associates

Willy Pezzia, M.D.
Linda L. Olsen, FNP-C   Raymond Donato, AGPCNP-BC

714 S. Peek Road, Katy, Texas 77450-3181
(P) 281-395-3955 (F) 281-395-3959
www.drpezzia.com

Authorization for Medical Evaluation on Behalf of a Minor

Name of patient: ___________________________ Date of Birth: _____________

I give permission for Willy Pezzia, M.D. & Associates to provide medical evaluation services to the minor named above. This consent begins on the date below and will remain in effect one year from the date signed, unless revoked in writing.

____
Printed name of guardian giving consent

____
Signature of guardian giving consent

____
Relationship to Minor

____
Date signed