



PRIOR AUTHORIZATION FORM

Parent/legal guardian _____

DOB _____

SS# _____

Parent/legal guardian _____

Cell Phone # _____

Work Phone # _____

Copy of ID Required

I hereby declare that I have legal temporary or permanent custody of minor child(ren) listed below. (Copy of any court ordered papers required)

Child: _____

DOB: _____

Child: _____

DOB: _____

Child: _____

DOB: _____

Child: _____

DOB: _____

Name of the person to whom you give authority _____

Address of whom you give authority _____

What treatment is the consent given for (must be specific...imm., lead, etc.) _____

The authorization effective commencing _____ and expiring _____.

(within 1 year)

Copy of insurance needed

Parent/legal guardian name (printed) _____

Parent/legal guardian name (signature) _____

Date _____