

**DOCTORS' PEDIATRIC, P.C.**



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**Permission Letter**

I, \_\_\_\_\_, give / deny permission for  
Doctors' Pediatric, P.C., to discuss my medical information with:

\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Patient Cell Phone : \_\_\_\_\_

Patient Email : \_\_\_\_\_