



## PHONE AUTHORIZATION

I authorize \_\_\_\_\_ Relationship \_\_\_\_\_ to take my child \_\_\_\_\_ DOB \_\_\_\_\_ to AZ PEDIATRIC CARE for the date of service \_\_\_\_\_ for medical services.

I authorize Dr. Bernardo Tan to give full treatment as deemed necessary to include labs, immunizations and/or medication. I understand this telephone authorization is only effective for date of service and a written authorization will be required to keep on file. ( if you are obtaining authorization fill all blanks and read above info to parent/legal guardian.)

Name of person obtaining phone authorization: \_\_\_\_\_

Name of person giving authorization \_\_\_\_\_ Relationship \_\_\_\_\_

The following will be use to identify authorized person allowed to bring in patient.

Password: \_\_\_\_\_