

JEFFREY G. MOSKOWITZ, M.D.

Board Certified Dermatology

ELANA SHACKELFORD, A.P.R.N.

BROOKE GREGORY, A.P.R.N.

ALICIA NUÑEZ, A.P.R.N.

143 Mission Road, Oviedo, FL 32765

(407) 542-0100

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of

_____, born the _____ day of _____

do hereby consent to any medical care and administration of local anesthesia determined by M.D./A.P.R.N. while my child is under the care of Moskowitz Dermatology of 143 Mission Road, Oviedo, FL 32765.

This authorization is effective from today _____ to

_____ which is one year.

Signature of Parent or Legal Guardian

Date