Bright Futures Pediatrics

6850 N. Durango Drive Ste 120
Las Vegas, NV 89149
Fax (702) 826-4244
Phone (702) 944-4028

8352 W. Warm Springs Rd. Ste 210
Las Vegas, NV 89113
Fax (702) 944-4019
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PERMISSION TO TREAT

Bright Futures Pediatrics has permission to diagnose and to treat my child.

This consent will remain in effect until it is revoked by notifying Bright Futures's Pediatrics in writing.

Patient's Name: _____ DOB: ____/_____/_____

When he/she is accompanied by the following person(s) *Must be 18yrs or older*:

First Name: _____ Last Name: _____

Relationship to the patient: _____ Phone # _____-_____-_____

First Name: _____ Last Name: _____

Relationship to the patient: _____ Phone # _____-_____-_____

First Name: _____ Last Name: _____

Relationship to the patient: _____ Phone # _____-_____-_____

First Name: _____ Last Name: _____

Relationship to the patient: _____ Phone # _____-_____-_____

First Name: _____ Last Name: _____

Relationship to the patient: _____ Phone # _____-_____-_____

Parent / Guardian Printed Name: _____

Parent/ Guardian Signature: _____ Date: _____/_____/_____