

Pinner Clinic, PA

A Rich History of Medical Tradition Since 1915

Carroll A. Pinner, III, MD

Benjamin C. Pinner, MD

Edwina Hallman, APRN

Authorization to Treat Minor Patient in Absence of Parent/Guardian

I am the parent/legal guardian of the minor child named below. I hereby request, authorize, and consent to the examination and/or treatment of my child by Dr. Carroll Pinner, Dr. Benjamin Pinner, or Edwina Hallman, APRN, during office visits.

This Authorization is effective (check one and indicate date(s), if applicable):

- Only on this date: _____
- From: _____ to _____
- Effective until revoked by me in writing.

I reserve the right to revoke this authorization at any time by writing to Pinner Clinic.

Patient Name

Date of Birth

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date