PEDIATRIC ASSOCIATES OF SAVANNAH

Michael D. De Mauro, MD, FAAP
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4600 Waters Ave., Suite 100, Savannah, GA 31404 • 110 Medical Park Drive, Pooler, GA 31322
1001 Memorial Lane, Savannah, GA 31410

Patient: DOB: / / Date: / /

To Whom It May Concern,
the following people have my permission to obtain medical care for my children:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________

In my absence, the physicians of Pediatric Associates of Savannah, PC may discuss his/her medical situation with this designated person. I will be responsible for all expenses incurred for this treatment.

Sincerely,

____
Parent or Legal Guardian of

	Child's Name	Date of Birth		Child's Name	Date of Birth
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Practice Limited to Infants, Children, and Adolescents