



Lone Tree Pediatrics

Lone Tree Office:

10099 RidgeGate Pkwy
Suite #290
Lone Tree, CO. 80124
Phone: (303)803-1005
FAX: (303) 798-3248

Littleton Office:

7720 South Broadway St.
Suite #540
Littleton, CO. 80122
Phone: (303) 779-3013
FAX: (303) 779-0343

E-mail: info@lonetreepediatrics.com
Website: lonetreepediatrics.com

PARENT/GUARDIAN PRE-AUTHORIZATION TO PROVIDE MEDICAL CARE TO AN UNACCOMPANIED PATIENT

In order to provide the best medical care for your child(ren), we recognize there are times when you are unable to attend your child(ren)'s appointment. For your convenience, we provide this authorization to allow medical care for your child(ren) in your absence. Please review the information below. Initial the section(s) that are applicable, sign and return this form to our office PRIOR TO YOUR CHILD(REN)'S APPOINTMENT should you wish to authorize treatment without a parent/guardian being present. This form will need to be updated annually and any changes must be made in writing.

Consent to permit certain individuals to accompany child(ren) for treatment. Includes fields for name(s) of step-parent, grandparent, nanny/au pair/babysitter/other and relationship to child(ren), and checkboxes for immunizations, lab orders, lab results, X-rays, scheduling/rescheduling, and chart notes.

Consent to treat unaccompanied minor at Lone Tree Pediatrics. Includes field for minor(s) name(s)/dates of birth and a note: Please note: Teen drivers receiving certain vaccinations will be asked to stay in our waiting room 15 minutes POST injection for their safety. Please allow for this time in your son/daughter's schedule. We are concerned for their safety if they driving themselves.

(18 + Patients) Consent to release information to certain individuals. Includes field for name(s) of individuals and checkboxes for immunizations, lab orders, lab results, X-rays, scheduling/rescheduling, and chart notes.

Please print all information: Last name, First name, Date of Birth, I/we may be reached at the following telephone numbers during my child(ren)'s appointment. Parent/Guardian/s Name, Best number to be reached, Alternate number.

PRINT NAME, RELATIONSHIP, SIGNATURE, DATE. Please advise if there are parent/custodial relationships our office needs to be aware of. Thank you. PARENT/GUARDIAN PRE-AUTH TO TREAT UNACCOMPANIED MINOR4/ 2019