Dermatology and Laser Institute of Colorado, P.C.
9695 S Yosemite St, Ste 175
Lone Tree CO 80124
Fax: 720-344-0296

PARENTAL PRE-AUTHORIZATION FOR MEDICAL CARE TO CHILDREN

For families who are ongoing patients of Dermatology and Laser Institute of Colorado, P.C., it may be more convenient to have prior authorization for medical care delivered directly to minors without a parent having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.

I (we) request and authorize Dermatology and Laser Institute of Colorado, P.C. and its personnel to deliver medical care to my (our) children listed below: (please print)

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth

If needed, I (we) can be contacted regarding health care of my (our) children at the following phone numbers:

_____	_____
Name of Parent / Legal Guardian	Phone- Home / Office / Cell
_____	_____
Name of Parent / Legal Guardian	Phone- Home / Office / Cell
_____	_____
Other-List Relationship	Phone- Home / Office / Cell

_____	_____
Signature of Legal Guardian	Date

_____
Print Name and Relationship

NOTE: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain in the space below with your signature, printed name, and phone number at which you can be contacted.

_____

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