

Olney Pediatrics
Consent Checklist (Minors)

PLEASE RETURN THIS FORM COMPLETED AND SIGNED

I have received/reviewed and consent to the following forms:

New Patient Demographics Form (rev 8/2020) Return Completed

Patient Portal and Use of Electronic Communications(rev 8/2020) Return Completed

Pediatrics Policies and Fees (rev 8/2020)

Olney Pediatrics Financial Policy (rev 8/2020)

Credit Card on File Authorization (8/2020) Return Completed

Notice of Privacy Practices (rev 8/2020)

Parent/Legal Guardian Signature _____

Print Name _____

Relationship to patient _____

List of patients (under 18 yrs old) that I am signing on behalf of:

Name _____ **DOB** _____

Name _____ **DOB** _____

Name _____ **DOB** _____

Name _____ **DOB** _____

Name _____ **DOB** _____