2964 North State Road 7
Suite 340
Margate, FL 33063

Phone: 954-974-3006 Fax: 954-974-8921

Mary Ellen Zondorak-Perez, M.D., F.A.A.P.
Francine B. Magaletti, M.D., F.A.A.P.
Nadia Levinson, M.D., F.A.A.P.
Marianne Pridgen, A.P.R.N.
Kayla Davis, A.P.R.N.

Consent to Treat

I ____ authorize and accept
(Full Name)

Personal Care Pediatrics and its personnel to administer medical services

Best phone number where I can be reached: ___________________________

Email Address: ____

In case of emergency, I authorize Personal Care Pediatrics to contact the following and may disclose any pertinent medical information to:

Name: _________________________ Relationship: ____________________________________

Phone # ______________________________________

Name: _________________________ Relationship: ____________________________________

Phone # ______________________________________

Name: _________________________ Relationship: ____________________________________

Phone # ______________________________________

Signature: ____ Date: _______________