

Brian Zganjar, MD

Ashley Hobson, CPNP

| List Child/Children's Nan | nes and Birthdays: | |
|--|--|--|
| *My Signature below au medical care, to pick up | nthorizes the following persons to prescriptions and forms or to dis | bring my child in for cuss my child's care* |
| Person's Name | Relationship to Patient | Phone Number |
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| | | |
| 11 | | |
| | Signed | |
| | Date | |