



JULIA KAUFFMAN, M.D.
SARAH PINNEY, M.D.
BOARD CERTIFIED DERMATOLOGIST

915 GESSNER RD., SUITE 640
HOUSTON, TX 77024
PHONE: 713-984-2222
FAX: 713-467-6980

PARENTAL AUTHORIZATION FOR LAB WORK ON MINOR

I request and authorize lab work can be done without a parent or legal guardian present on the minor child:

Name: _____ Date of Birth: _____

Address: _____

Parental Contact Information:

Parent's Name: _____

Home Number: _____ Cell Number: _____

Parent's Name: _____

Home Number: _____ Cell Number: _____

Only one signature of parent required

(Parent/Guardian Print Name)

(Parent/Guardian Signature)

(Date)