



Phone: 970-247-1970 Fax: 970-259-1668 Website: durangodermatology.com

Mark Gaughan, MD Carmen Julian, DO

Kristin Pogue, PA-C Janelle Stewart, PA-C Cara Ascarrunz, PA-C

Patient Name: _____ Date of Birth: ____/____/____

Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form is been prepared for your convenience should you, at some time, be unable to accompany your child.

I hearby grant Dr. _____ permission to treat my child when the arrive at the office unaccompanied.

_____ / ____/ ____/ ____

Signature of Parent

Date