



Jamie L. Bond, M.D.

Shikha Goel, D.O.

Richard D. Rubin, M.D.

I, _____, give Concord OB/GYN

Christina T. Thomas, M.D.

permission to treat my daughter, _____

Vlassis Travias, M.D.

who is under the age of 18.

Kimberly Capello, W.H.N.P.

Joanna Couvillon, C.N.M.

Signature of Parent or Legal Guardian

Date

Rachel Ward, F.N.P.

Holly West, F.N.P.

Print Name of Patient

Patient DOB