

Juan Rosario, MD
Ashley East, PA-C
Erin Harris, PA-C



4479 Baymeadows Road
Jacksonville, Florida 32217
904-731-8300 fax 904-737-7901
www.firstcoastdermatology.com

Date _____

Patient Name _____

PERMISSION FOR TREATMENT

I hereby give my permission to Rosario, M.D. and his staff to treat my son/daughter.

I also give my permission for them to treat my son/daughter in my absence. These treatments will include but are not limited to follow up care, change of medication and removal of warts and skin lesion.

Signature

Relationship