

MOORE PEDIATRICS AND ASSOCIATES

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Dear Parent:

Due to federal regulations we are restricted in the information that we can give to non-custodial parents without permission. Below you may provide us with a list of people authorized to receive information about your child(ren). Please provide the name along with a code, such as a birthday or nickname that would identify that individual to us.

Thank you,

Moore Pediatrics and Associates

I give permission to the following people to seek medical treatment, advice and/or records for my children from Moore Pediatrics & Associates.

NAME **CONFIRMATION CODE**

SIGNATURE: **DATE:**
