



Benton Pediatrics, Inc.

Board Certified Pediatrics

5612 N.W. 43rd Street • Gainesville, FL 32653-3332 • (352) 376-4542

Modified 11/8/06

Consent to Discuss Health/Medical Information

Patient's Full Name: _____

Today's Date: _____

Patient's Date of Birth: _____

Name of person filling out form: _____

Relationship to Patient: _____

I, _____

give my consent to allow Benton Pediatrics

to discuss my child's health and/or medical information

with, _____

This consent will be valid from _____
(Effective Date)

until _____
(no more than one year)

Signature _____ Date: _____

Witness: _____ Date: _____