

MADISON FAMILY CLINIC

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Richmond, Kentucky 40475

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E-mail: info@madisonfamilyclinic.com

MEDICAL VISIT AUTHORIZATIONS

For the following patients:

The people listed below have my permission to bring my child/children listed above to their medical visits at Madison Family Clinic. Those listed below will be required to bring proper identification and the patient's insurance information with them. This list can be changed at anytime by the parent/guardian.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Print Parent Name _____

Parent Signature _____ Date _____

Parent Home Phone _____ Cell/Work _____

Witness _____