



**PALM BEACH PEDIATRIC
HEMATOLOGY ONCOLOGY**

**12957 Palms West Dr
Loxahatchee, FL 33470
561 798-9119**

PALM BEACH PEDIATRIC HEMATOLOGY ONCOLOGY

I (We) _____ authorize Melissa S. Singer, M.D., P.A. dba Palm Beach Pediatric Hematology Oncology and its personnel to deliver medical services to my child,

CHILD'S NAME

DATE OF BIRTH

I (We) authorize the following people to bring my child in for treatment:

Name: _____ Relation to Patient: _____

Name: _____ Relation to Patient: _____

Name: _____ Relation to Patient: _____

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

PBPHO
06/25/06