PURI PEDIATRIC
Medical Group, Inc.
Diplomate, American Board of Pediatrics
Veena Puri, MD, FAAP
Hari Puri, MD, FAAP

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Fremont, California 94538
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Treatment Authorization

I hereby authorize the following to bring my child to Puri Pediatric Medical Group,

At 2243 Mowry Ave #F Fremont Ca. 94538

Name of person:

Relationship to Patient:

Effective date:

End Date:

Name of Patient:

DOB:

Name of parent:

Parent Signature:

Address:

Phone #

Date:

I give consent for any treatment or/and Immunizations that are due at the time of the appointment.