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PARENT / LEGAL GUARDIAN AUTHORIZATION FORM

The parent / legal guardian of the child receiving care at The Pediatric Endocrine & Diabetes Clinic, PC (PEDC) must complete the following:

I _____, hereby authorize
(Parent / Legal Guardian)

(Name of person bringing child)

to bring my child, _____, born on
(Name of child)

_____, to receive medical care provided by The Pediatric
(Date of birth)

Endocrine & Diabetes Clinic, PC on _____.
(Date of appointment)

SIGNATURE

(Must be signed by parent or legal guardian) DATE: _____

Address: _____ Apt#: _____ City: _____

Zip: _____ Telephone number: _____