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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: \_\_\_\_\_