



# Benton Pediatrics, Inc.

Board Certified Pediatrics

5612 N.W. 43rd Street • Gainesville, FL 32653-3332 • (352) 376-4542

Modified 7/10/13

## Consent to Discuss Health/Medical Information (18 and Older)

Patient's Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

I, \_\_\_\_\_,

give my consent to allow Benton Pediatrics

to discuss my health and/or medical information

with \_\_\_\_\_

Relationship of this person(s) to Patient: \_\_\_\_\_

**• Please Be Aware:** This consent will be valid until permission is rescinded by the patient named on this form

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**If not witnessed in office, must be notarized:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_