

SPRINGBORO PEDIATRICS, INC.

8 Sycamore Creek Drive
Springboro, Ohio 45066
Phone: 937 748-KIDS (5437)
Fax: 937 748-5434

Brian Esselstein, M.D.

Charles Hutchison, M.D.

Nalini Aggarwal, M.D.

Anyone under 18 years of age must be accompanied by a parent, legal guardian or an adult with written permission given by parent or legal guardian. Immunizations can not be given without the presence of the parent or legal guardian.

THE FOLLOWING PERMISSION INFORMATION HAS BEEN MADE FOR YOUR CONVENIENCE. IF YOU CHOOSE TO COMPLETE THE FOLLOWING, IT IS EFFECTIVE FOR ONE YEAR AFTER COMPLETION DATE.

I give my permission to have my child/children (listed below) examined and treated by the physicians at Springboro Pediatrics.

NAME

BIRTHDAY

Signed _____ Date _____

The following people have my permission to bring my child/children to Springboro Pediatrics:

NAME

RELATIONSHIP TO PATIENT

Signed _____ Date _____