



## Pediatric Practices of Northeastern Pennsylvania

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1837 Fair Ave.  
Honesdale, PA 18431  
Voice: 570-253-5838  
Fax: 570-253-6678

27B Woodlands Drive  
Waymart, PA 18472  
570-488-9550  
570-488-9553

62 Industrial Park Road  
Lake Ariel, PA 18436  
570-689-7565  
570-689-4803

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### CONSENT FOR MEDICAL CARE

Permission is granted to the physicians and employees of Pediatric Practices of Northeastern Pennsylvania to do such procedures as may be necessary to diagnose, treat, and care for the needs of myself (if 18 years old or older), or of my dependent minor child including but not limited to routine office and laboratory procedures such as strep tests and throat cultures, urine studies, complete blood counts (CBC), hematocrits, bladder catheterization, removal of cerumen (ear wax), removal of foreign bodies, drainage of abscess, fracture care, medication injections, and treatment of skin lesions, warts, burns, and lacerations.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

Signature of Custodial Parent or Guardian: \_\_\_\_\_

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

This authorization shall remain effective until such time that it is revoked in writing and delivered to Pediatric Practices of Northeastern Pennsylvania.