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CONSENT BY PROXY FOR NON-URGENT MEDICAL CARE FOR MINOR

Authorization expires 12months from date signed unless previously revoked

Patient Legal Name: _____ Birth Date: _____ Chart #: _____

CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me/us regarding the health care of my/our children at the following telephone number(s). If unable for any reason to contact me/us, you may rely on the proxy decision maker for consent.

Parent's Name:	Parent's Name:
Daytime Phone #:	Daytime Phone #:
Evening Phone #:	Evening Phone #:
Cell Phone #:	Cell Phone #:

LIMITATIONS

Identify any limitations on the kinds of medical services for which this Consent by Proxy is given. If none, state NONE.

PROXY

I (we) appoint _____
(Name) (Address) (City/State/Zip)

Who is my/our child's _____
(Specify nature of proxy's relationship to Child)

As my/our Proxy decision maker for consenting to non-urgent medical care for my/our child listed below. I/we have the legal right to delegate such consent to the Proxy decision maker who is an adult (18yrs of age or older), and is legally and medically competent to exercise the authority to delegate. Be advised that protected patient health information may be shared with the Proxy to facilitate informed decision making. I/we understand that the Proxy named here must show picture ID to prove identity, before my minor dependent will be seen and/or treated in the Clinic for clinician visit, or Shot Room, for allergy shot injection(s).

CONSENT

I understand that I may revoke this Consent by Proxy at any time, by submitting written notification to the Canton Office at the address listed below.

Signature: _____ Printed Name: _____ Date: _____
Patient/Parent/Legal Guardian(if Minor)

WITNESS - Canton Asthma & Allergy PC: _____ Date: _____

*If Proxy Consent is not signed in front of a Canton Asthma & Allergy PC witness,
 it must be NOTARIZED and bear a NOTARY RAISED SEAL.*

NOTARY INFORMATION

Signature of Notary: _____ Date: _____

My Commission Expires: _____ License #: _____