



Crescent Primary Care Physicians

where caring for your family comes first

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I, _____, authorize the physicians at Crescent Primary Care to discuss my and/or my child's medical treatment with the following people:

_____ Name	_____ Relationship	_____ Phone #
_____ Name	_____ Relationship	_____ Phone #
_____ Name	_____ Relationship	_____ Phone #
_____ Name	_____ Relationship	_____ Phone #

Signature of Patient / Guardian

Date