



Orange Doctors of Kids and Teens  
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Date: \_\_\_\_\_

**Please initial your decision choice.**

\_\_\_\_\_ I **DO** give authorization for the physicians and staff of Pediatric & Adult Medicine, Inc. to speak with my parent (s) / guardian about any issue as it relates to me.

\_\_\_\_\_ I **DO NOT** give my authorization for the physicians and staff of Pediatric & Adult Medicine, Inc. to speak with my parent (s) / guardian about any issue as it relates to me.

This authorization does not include information regarding sex, i.e. sexual abuse, sexually transmitted diseases, etc., pregnancy, drugs, alcohol use, suicidal thoughts / mental health issues, violence or abuse.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Lourdes Brown, M.D.- Lisa Gorab, M.D.- Stanley Kanow, M.D.- Allan Wong, M.D.