



FAYETTE AREA
DERMATOLOGY

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Excellence In Dermatology
FELLOW

Date: _____

I, _____ the legal guardian of _____,

give permission for _____ to bring my child for

consultation and/or treatment with James T. Sandwich, M.D., MPH, Michael B. Zaycosky, D.O.,

or any other providers within the practice.

Legal Parent/Guardian

Relationship

Date