



FAYETTE AREA  
DERMATOLOGY

James T. Sandwich, MD, MPH  
Michael B. Zaycosky, D.O.  
Laura P. Bush, PA-C  
Joan S. Sanders, PA-C  
Christina Sandwich, PA-C



Excellence In Dermatology  
FELLOW

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

I, \_\_\_\_\_ the legal guardian of \_\_\_\_\_,  
(fill in patient's name)

give permission for treatment and evaluation of \_\_\_\_\_ to be given to  
(fill in diagnosis/condition)

\_\_\_\_\_ on an ongoing basis by James T. Sandwich, M.D.,  
(fill in patient's name)

Michael B. Zaycosky, D.O., Laura P. Bush, PA-C, Joan Sanders, PA-C or Christina Sandwich PA-C,

without having a legal guardian present.

_____	_____	_____
Legal Parent/Guardian	Relationship	Date

Fayette Area Dermatology  
450 Lanier Avenue West  
Fayetteville, Ga. 30214

Griffin Area Dermatology  
731 South 8<sup>th</sup> Street  
Griffin, Ga. 30224

Pike Area Dermatology  
US-19 584 Thomaston Street  
Zebulon, Ga. 30295