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PARENTAL AUTHORIZATION FOR LAB WORK ON MINOR

I request and authorize lab work can be done without a parent or legal guardian present on the minor child:

Name: _____ Date of Birth: _____

Address: _____

Parental Contact Information:

Parent's Name: _____ Parent's Name: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Only one parental signature required.

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Parent or Legal Guardian)

(Date)