Stephen A. Schulman, MD
2501 Scripture St., Ste. 101
Denton Texas 76201
Phone: (940) 382-9448
Fax: (940) 382-7509

Individuals that are authorized to seek medical treatment for my child in my absence.

Child's name: ______________________________

Name: ____________________ **Relationship:** ____________________

Name: ____________________ **Relationship:** ____________________

Name: ____________________ **Relationship:** ____________________

Name: ____________________ **Relationship:** ____________________

Please allow the above listed individuals to make necessary decisions regarding vaccinations, lab work and x-rays ordered by Dr. Schulman's office.

Parent/Guardian Signature: ______________________________

Date: ______________________________