



Jamie L. Bond, M.D.

Shikha Goel, D.O.

Richard D. Rubin, M.D. I, \_\_\_\_\_, give Concord OB/GYN

Christina T. Thomas, M.D. permission to treat my child, \_\_\_\_\_

Vlassis Traviyas, M.D. who is under the age of 18.

Kimberly Capello, C.N.P., C.N.M.

Joanna Couvillon, C.N.M.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Holly West, C.N.P.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Patient DOB