

Milestone Pediatrics, P.C.

Iyabo Okuwobi, M.D., F.A.A.P.

CONSENT FORM

To Whom It May Concern:

I _____ give permission
(Parent/Guardian)

for _____ to bring in my Son/Daughter

for any medical treatment that are considered necessary in the best judgment of the attending medical personnel.

This consent is valid limited to the following: Milestone Pediatrics P.C.
1438 McClebdon Drive, Decatur GA 30033

Sign: _____
(Parent/Guardian)