

TROY FAMILY PRACTICE, P.L.L.C.

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2041 E. Square Lake Rd.  
Suite 300  
Troy, MI 48085  
Office 248-813-0124  
Fax 248-813-9261

### Authorization Form

I give permission to Troy Family Practice, PLLC, to evaluate and treat my son/daughter in my absence.

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

If faxing or sending with your child, please attach a copy of your driver's license.

Thank You.