



Patient Number: _____

I _____ being the parent/legal guardian of the below minor child give permission for the follow person/persons to attend my minor child's appointment with Bluegrass Orthopedics. Meaning the below person/ persons may bring my child to the appointment and will attend the appointment with my child receiving information regarding my child's treatment from the physician and/or staff at Bluegrass Orthopaedics, and also on the advise of the Physician or Physicians Assistant allow medical treatment of my child with out my being in attendance.

- Harry Lockstadt, M.D.
- Greg D'Angelo, M.D.
- Veronica A. Vasicek, M.D.
- Norman H. Ellingsen, M.D.
- John E. Balthrop, M.D.
- William L. O'Neill, M.D.
- J. Martin Favetto, M.D.
- Jason S. Harrod, D.P.M.
- Wallace L. Huff, Jr., M.D.
- Travis Hunt, M.D.
- Timothy Wilson, M.D.

Minor Child's Name

Date of Birth

List below person/persons whom you give permission to bring to/ attend child's appointment with Bluegrass Orthopaedics

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child

Please note that at any time if you do not wish the above person/persons to attend/receive information on the above listed child you must contact our office immediately at 859-263-5140. Otherwise this authorization will be valid for the period of treatment of said minor child, or such that the child reaches the age of 18.

Signature of Parent/Legal Guardian

Date

3480 Yorkshire Medical Park
Lexington, Kentucky 40509
(859) 263-5140
(859) 263-5141 FAX

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