

Alexander Pediatrics LLC

330 Saint Lukes Dr.
Montgomery, AL 36117
Phone: (334) 270-8864
Fax: (334) 270-1176

AUTHORIZED PERSONS

The following are the person(s)** allowed to bring:

Patient: _____

DOB: _____ to this office.

Picture ID is required.

Name	Contact information	Relationship to Patient

**Note: We require a parent, guardian, or first degree relative of the parent or guardian only to be listed and allowed to bring patient into the office for a visit. This person should have knowledge of patient's medical condition. We are not responsible for information that is not communicated from the visit to a parent or guardian. Please be mindful of who is listed.

Signature: _____

Date: _____