

BRUCE L. LINDEN, M.D., P.A.
DALE G. SWANHOLM, M.D., P.A.
JOHN M. TILLEY, M.D., P.A.

DIPLOMATES OF THE AMERICAN BOARD
OF FAMILY PRACTICE

I, _____ (parent or guardian's name), give my permission
for my child, _____ (child's full name), to be treated
by any physician associated with Dr. Linden, Dr. Swanholm, or Dr. Tilley's office
located at 2300 Highland Village Road, Suite 600, Highland Village, Texas 75077.

Parent or Legal guardian

Home Address

City, State, Zip code

Home Telephone Number

Date