



PATIENT CONSENT FROM
Miami Pediatric Care, LLC

I, _____, do hereby authorize Dr. Harry Agüero, or his representative and staff to provide medical care; such as, physical exams, medical treatment, laboratory and diagnostics testing, hospital care, immunizations and screening test as deemed necessary to my child _____ while he/she is a patient of this office. I fully understand that this permission grants authority for continual treatment, including whatever care deemed necessary. I have read this form and certify I fully understand its contents.

Patient's Name: _____ DOB: _____

Signature of Authorized Person: _____

Name of Authorized Person: _____

Signature of Witness: _____

Date: _____ Time: _____