

FLORIDA PHYSICIANS

M E D I C A L G R O U P

NEWMAN FAMILY MEDICINE

SAMUAL P. SHAY, MD

DIPLOMATE, AMERICAN BOARD OF FAMILY PRACTICE

NEEMA A. FULLER, MD

DIPLOMATE, AMERICAN BOARD OF FAMILY PRACTICE

MANPREET K. GILL, MD

DIPLOMATE, AMERICAN BOARD OF FAMILY PRACTICE

JENNIFER R. LOMBARD, PA-C

AUTHORIZATION TO TREAT MINOR

Date

This is to certify that I am giving my permission for Newman Family Medicine to treat my daughter/son for any medical problems that may arise.

Parents name and signature

Date

Childs name

Date