Aida Murko, M.D., P.A., FAP
Diplomate, American Board of Psychiatry and Neurology
Board Certified in Child, Adolescent and Adult Psychiatry

Zoran Murko, M.D., P.A., FAP
Diplomate, American Board of Psychiatry and Neurology
Board Certified in Geriatric and Adult Psychiatry

I, (*print*)_____, As Parent/Guardian, cannot be present at the Evaluation/Follow-up of my child (*print*)_____, but give permission for all of the following that I initial to take place at Dr. Murko's office,

1. Outpatient evaluation and treatment (*initial*)_____
2. Referral to other Physicians (*initial*)_____
3. Regular return visits for treatment (*initial*)_____
4. Dispensing of psychotropic medication (*initial*)_____

The parent not accompanying the child to the appointment must include a copy of driver's license or state I.D or get this form notarized.

_____ _____
(Print name) *(Contact phone number)*

_____
(Signature)

_____
(Relationship to patient)

_____
(Date)

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