

Royal Oak Pediatric Associates, PC

Anita H. Henley, DO, FAAP
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1020 Terrace Drive Ste 101
Marion, Virginia 24354
Phone: (276)-783-8183
Fax: (276)-782-9267

I give permission for my child _____ to
receive all age appropriate vaccines per doctor's recommendation.

Parent/ Guardian Signature

Date

I ask that these vaccines not be given:

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Fax: (276) - 782-9267

Patient Name: _____ DOB: _____

I hereby authorize Royal Oak Pediatrics Doctor's/ Nurses to be able to get my child's medication history from their pharmacist.

Parent/ Guardian Signature

Date

Preferred Pharmacy and Location