

Dr. D Merchant and Dr. B Merchant
2525 S. Rural Rd Suite 2N
Tempe, AZ 85282
480-966-9936

Date: _____

Parent _____ gives permission for Dr. Merchant to
evaluate and treat her dependent _____ on this date

_____.

Parent _____ also gives permission to charge any fees/costs for
services to his/her credit card.

Credit Card Number: _____

Expiration Date: _____

Zip Code: _____