

PARKSIDE PEDIATRICS, S.C.

PATRICIA C. STEC, M.D.

FRANK ROEMISCH, M.D.

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TELEPHONE: (847) 823-8000

Date: \_\_\_\_\_

I give my consent for Parkside Pediatrics, including Dr. Roemisch and Dr. Stec, to discuss any medical issues that pertain to me with the following indicated individuals:

\_\_\_\_\_ my mother

\_\_\_\_\_ my father

\_\_\_\_\_ my stepmother

\_\_\_\_\_ my stepfather

\_\_\_\_\_ my grandparents

\_\_\_\_\_ other (List)

There are no restrictions on what medical information may be reviewed, unless indicated below:

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This release will continue in effect until I revoke it in writing, which I can do at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name