



Richard C. Kirkpatrick, M.D., F.A.A.D., F.F.S.D.S.  
Board Certified in Dermatology

Mario J. Sequeira, M.D., F.A.A.D., F.A.S.M.S., F.F.S.D.S.  
Board Certified in Dermatology

Andrew G. Miner, M.D., F.A.A.D.  
Board Certified in Dermatology & Dermatopathology

Makesha Holbrook-Curd, PA-C  
Allison Raco, PA-C  
Cheryl Young, PA-C  
Kristine Hertzog, PA-C  
Fonda Schreiber, PA-C  
Brookelynn Kendrick, ARNP-C  
Elizabeth Meredith, PA-C  
Mark Snavely, PA-C  
Susan Hammerling, PA-C  
Cindy Bassford, PA-C

Patient Name \_\_\_\_\_ Account Number \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, of \_\_\_\_\_, give  
(Parent or guardian name) (Relationship to patient) (Patient's Name)

**Brevard Skin & Cancer Center consent to evaluate and/or treat**

\_\_\_\_\_  
(Patient's Name)

**as necessary. Patient does not have to be occupied by parent/guardian to be seen by**

**Brevard Skin & Cancer Center. I understand that it is still up to the provider's discretion**

**to refuse to treat this patient if a change in treatment is necessary. This form will not**

**apply to the patient's initial visit. All patients must have patient or guardian present for**

**any initial visit.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian signature)

Witness \_\_\_\_\_ Date \_\_\_\_\_

[WWW.BREVARDSKIN.COM](http://WWW.BREVARDSKIN.COM)

1286 S. Florida Ave. Rockledge, FL 32955 Tel: (321) 636-7780 Fax: (321) 636-1152  
4500 S. Hopkins Ave. Titusville, FL 32780 Tel: (321) 267-3376 Fax: (321) 267-9117  
8059 Spyglass Hill Rd., Ste 103 Viera, FL 32940 Tel: (321) 752-5994 Fax: (321) 752-5494  
1071 Port Malabar Blvd, Ste #101, Palm Bay, FL 32950 Tel: (321) 372-1382 Fax: (321) 372-1386  
150 N Sykes Creek Pkwy, Ste #102 Merritt Island, FL 32953