

MID VALLEY DERMATOLOGY

Allan S. Wirtzer, M.D., Medical Director

ADULT & PEDIATRIC DERMATOLOGY • DERMATOLOGIC SURGERY • LASER SURGERY • COSMETIC DERMATOLOGIC SURGERY

I authorize Mid Valley Dermatology to treat _____
for Dermatological care. I agree to conform with office policies and I
assume all financial responsibility for the above named patient.

Sign _____ Date _____