Advanced ✷ Dermatology
111 Salem Turnpike, Suite #7
Norwich, Connecticut 06360
(860) 859-2262 • (FAX) 859-9819

Howard W. Rogers, M.D., PhD.
Kirkland Lau, DO
Christy L. Socha, D.N.P, D.C.N.P, NP-C
R. Douglas Tanksley, MD
Jacqueline E. Rowan, PA-C
David Chen, MD
Johannah Valentine, MD
Catherine E. Chace, FNP-C

Date:______________________

I,____________________________(print your name), give permission for Advanced Dermatology to examine and prescribe treatment for_____________________(acne, warts, rash, etc.) for the minor ___________________________(patient's name) in my absence. Furthermore, I will provide the above-named patient with the required copayment amount at the time of the scheduled office visit. Failure to provide copayment will result in the rescheduling of the service date.

___________________________(Signature)

___________________________(Relationship)