5190 Bayou Blvd.
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(850)478-1100
Appointments
(850) 478-1104
Business

pediatric associates, P.A.
CRADLE TO COLLEGE HEALTH CARE

Patrick E. Murray, M.D.
Ulrike Benny, M.D.
Jeneile Cordell, M.D.
Jennifer Thompson, M.D.
Susie FitzHarris, M.D.
Mary Lou O'Grady, M.D.
Samuel Ravenel, M.D.

Karen Bounds, A.R.N.P.
Tavi Slevinski, A.R.N.P.

MEDICAL POWER OF ATTORNEY

This medical power of attorney is my authorization for _____, to take my child, _____, to Pediatric Associates, P.A. for treatment or examination by any of its physicians or nurse practitioners while my child is in his/her care. I also authorize the above individual _____, to sign permission for immunizations. This authorization is valid for one year or until _____.

Print Name: _____

Parent/Guardian signature: _____

Relation to patient: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED BEFORE ME on
This _____day of 20___.

_____
Notary Public
My commission expires: _____