

DRS BEAMER, CARLON & CRAIGEN, S.C.

1011 West Lake Street • Suite 300 • Oak Park, IL 60301
Tel. 708-628-0600 • Fax 708-628-0608 • www.DoctorDivas.com

Proxy Consent Form

I, _____, the parent/guardian of _____

(DOB: _____) hereby consent to allow the following individual(s) to bring the above mentioned child to Dr Beamer, Carlon, and Craigen’s office for a visit when I am not available.

1. _____
name relation contact number

2. _____
name relation contact number

3. _____
name relation contact number

This consent will expire on _____ or twelve months after the undersigned date.

Parent/guardian signature

date

Witness

date