

GREATER HAMPSTEAD



FAMILY MEDICINE, P.C.

Thomas J. Cammilleri, D.O.
Board Certified Family Practice

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PERMISSION TO TREAT

I _____ (Parent/Legal Guardian) give
_____ (Name of Responsible Party) my
permission to bring _____ (Name of
Patient), Date of Birth _____ to Greater Hampstead
Family Medicine, P.C. for their appointment today to be seen
and treated. I also give permission to perform any and all
invasive procedures and immunizations necessary for today's
appointment.

Signature of Parent/Legal Guardian

Please Print Name

Date