Kathleen Stinson, MD, FAAP
Tesa Stark, RN, CPNP
331 Sportsplex Dr, Suite C
Dripping Springs, TX 78620
512-894-3737 512-894-3738 fax

OFFICE POLICY - Please Read Carefully

- You may be seen in the office by Pediatric Physician or a Pediatric Nurse Practitioner.
- Co-payment is due at the time of service unless prior arrangements are made. We accept Cash, Personal Check, MasterCard, VISA, and AMEX.
- Any balances that are applied to your deductible must be paid in full before the next office visit.
- 24-hour notice of appointment cancellation is required. Multiple no shows will be subject to dismissal.

Please sign here that you have read this office policy and agree to it.

______________________________________ ___________________________

Parent or Legal Guardian *Date*

CONSENT FOR TREATMENT

I hereby authorize evaluation and treatment by the physicians and staff associated with Dripping Springs Pediatrics. I understand and agree that the signatures and dates on this form will not expire without written notice or in the case that a minor becomes the age of 18, and that a photography of this form is considered valid as the original.

______________________________________ ___________________________

Parent or Legal Guardian *Date*

CONSENT TO SEE PATIENT - WITHOUT PARENT PRESENT

I hereby authorize __________________________________ to bring my child to his/her appointments
Name / Relationship
if I am unable to attend. I understand that medical advice will be relayed to them on my behalf.

______________________________________ ___________________________

Parent or Legal Guardian *Date*