



You are currently scheduled to be seen by one of our Physician Extenders,

Evan Thady, A.R.N.P.-C. / Mickelle Riley, A.R.N.P.-C.
Adelaide Smith, A.R.N.P.-C. / Elizabeth Liskey, A.R.N.P.-C.
Sasha Ashmeade, A.R.N.P.-C. / Amy Strohmaier, P.A.-C.
Saadatu Olanrewaju, P.A.-C. / Maria Kabushinskaya, P.A.-C.
Deborah LeBlanc, P.A.-C. / Mindy Ley, P.A.-C.
Kelsey Schaeffer, P.A.-C. / Demi Soulet, P.A.-C.
Colby Beck, P.A.-C. / Alyssa Pena, P.A.-C.

As part of our effort to ensure the best patient care and avoid misunderstandings, please sign the following statement.

I am aware that I will be seen and treated by the Nurse Practitioner / Physician Assistant for my dermatological condition(s).

(sign)

(date)

I am **not** aware and I do **not** agree to be seen by a Physician Extender for my dermatological condition, and I would like to be rescheduled with a Doctor.

(sign)

(date)