



Women's Healthcare
OF NORMAN
Women Caring for Women



Carol Anderson, D.O. • Leslie Ollar-Shoemake, D.O. • Lisa Waterman, D.O. •
Daphne Lashbrook, M.D. • M. Dianne Chambers, M.D. • Allison Carter, M.D.

Date: _____ / _____ / _____

I, _____, legal guardian of _____,

give permission to Women's Healthcare of Norman to treat _____

in my absence.

Print Name: _____ Date of Birth: _____ / _____ / _____

Signed: _____

Witness: _____