

**Pediatric ENT, PLLC**  
**David J. Malis, MD, FACS, FAAP**

**OMNI Healthcare Disclaimer**

I, \_\_\_\_\_, am the parent/legal guardian (circle  
Parent/Legal Guardian's Printed Name

one) of \_\_\_\_\_, a minor child. I attest that this  
Minor Child's Printed Name

child has never been previously seen by Dr. Malis or any physician of OMNI Healthcare.

I understand that if it is later discovered that the above is not true (the above was  
falsified), this child will be immediately discharged from the practice.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF BREVARD

Sworn to or affirmed and signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2010 by

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
Stamp / Commissioned Name of Notary

\_\_\_ Personally known

\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_