

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 _____, 2011 by

_____.

NOTARY PUBLIC or DEPUTY CLERK

Stamp / Commissioned Name of Notary

___ Personally known

___ Produced identification

Type of identification produced _____