



MEDICAL AUTHORIZATION TO SEE NURSE PRACTITIONER

I hereby accept medical treatment at Brookridge Internal Medicine Associates, P.A. by a Nurse Practitioner. It has been explained that they are not medical doctors but are licensed by the State of Texas. I understand that the Supervising Physician is Dr. Brenda Vozza and any problems with my medical care/treatment may be discussed with her. The medical treatment will be provided in accordance with the rules and regulations provided by the Texas State Board of Medical Examiners. Furthermore, treatment will be provided in accordance with the Protocols and Policies and Procedures as established by Dr. Brenda Vozza.

I am also aware that at any time I can request to see Dr. Vozza to carry out my medical treatment or answer questions about my medical care.

Patient's Name _____

Signature of Patient or Guardian _____

Date: _____ Witness: _____