



- 1315 Stelton Road, Piscataway, NJ, 08854: (732) 819-8800
- 652 Amboy Ave, Edison, NJ, 08837: (732) 738-1341
- 171 Elmora Ave, 3rd Fl, Elizabeth, NJ, 07202: (908) 289-2239
- 1555 Ruth Rd, STE 4, North Brunswick, NJ, 08902: (732) 398-0900
- 330 Livingston Ave, STE 4, New Brunswick, NJ, 08901: (732) 545-9878
- 550 Newark Ave, STE 305, Jersey City, NJ, 07306: (201) 963-2320
- 666 Plainsboro Road, Suite 1300, Plainsboro, NJ, 08536: (609) 750-1521
- 3099 Country Rd, 516 C, Old Bridge, NJ, 08857: (732) 679-8200
- 2099 Palisade Avenue, Union City, NJ, 07087: (201) 865-6750

I hereby authorize Dr. Naveen Mehrotra and or his designee of My Whole Child Pediatrics to administer the travel vaccines under their direction. I understand that the majority of the insurance companies do not cover Vaccines that are categorized as optional for travel. I understand that I will be financially responsible for any balance not covered by my insurance. I hereby authorize My Whole Child Pediatrics to release any medical or incidental information to the insurance company that may be necessary for processing of financial benefits. I authorize release of all records on request and authorize benefits be made on my behalf as needed. By signing below, I hereby indicate that:

- 1) I have read this consent form
- 2) I understand the terms of this consent form and
- 3) I agree to the terms of this consent form.

Patient's Name (Please Print) _____

Date of Birth: _____ Contact Phone: _____

Parent/ Guardian (Please Print) _____

Signature _____ Date _____

Witness _____ Signature: _____