

# MID FLORIDA DERMATOLOGY ASSOCIATES

Dermatology and Dermatological Surgery

407-299-7333 / 888-318-3183

ORLANDO, 100 West Gore Street, Suites 600 & 603, Orlando, Florida 32806

METROWEST, 7652 Ashley Park Court, Suite 305, Orlando, Florida 32835

HUNTERS CREEK, 4151 Hunters Park Lane, Orlando, FL 32837

WATERFORD LAKES, 829 Woodbury Road, Suite 103, Orlando, Florida 32828

WINTER PARK, 1992 Mizell Avenue, Suite 100, Winter Park, Florida 32792

NEW SMYRNA BEACH, 519 North Dixie Freeway, New Smyrna Beach, FL 32168

LAKE MARY, 1325 S. International Parkway, Suite 2241, Lake Mary, FL 32746

CLERMONT, 815 Oakley Seaver Drive, Clermont, FL 34711

DAVENPORT, 2302 North Blvd. West, Suite A, Davenport, FL 33837

PLANT CITY, 710 East Reynolds Street, Plant City, FL 33563

TAMPA, 4308 North Habana Avenue, Tampa, FL 33607

You are currently scheduled to be seen by our Nurse Practitioner  
Jason Welch, ARNP-C / Nitra Cole, ARNP-C / Heather Brock, ARNP-C  
Casey Nichols, ARNP-C / Brooke Gregory, ARNP-C / Mickelle Riley, ARNP-C  
Evan Thady, ARNP-C / Abigail Plum, ARNP-BC / Michael Frasure, ARNP-C

As part of our effort to ensure the best patient care and avoid  
misunderstandings, please sign the following statement.

I am aware that I will be seen and treated by the Nurse Practitioner  
for my dermatological condition(s).

\_\_\_\_\_  
(sign)

\_\_\_\_\_  
(date)

I am **not** aware and I do **not** agree to be seen by the Nurse Practitioner for my  
dermatological condition, and I would like to be rescheduled with a Doctor.

\_\_\_\_\_  
(sign)

\_\_\_\_\_  
(date)