

# 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 Physician Assistant,  
Laura L. Mays, P.A.-C. / Ashley Vrecenak, P.A.-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 Physician Assistant  
for my dermatological condition(s).

\_\_\_\_\_

(sign)

\_\_\_\_\_

(date)

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

\_\_\_\_\_

(sign)

\_\_\_\_\_

(date)