



DR. MARIA CASTRO, MD FAAP  
500 HOLLY SPRINGS RD. STE 101 HOLLY SPRINGS, NC 27540

I have read and understood the following documents. I have had the opportunity to ask questions, which have been answered properly, as well as any further comment in this regards.

*Please place an "X" on the documents provided today*

- Patient Registration Form
- Authorization to Consent to Health Care for Minors
- Release of Medical Records Authorization Form
- Patient Consent for Use and Disclosure of Protected Health Information
- Starlight Office Policies
- Starlight Vaccine Policies

My signature confirms, the statement above. I indicate that I have understand and I am fully informed of the forms given

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_