



IF PATIENT IS A MINOR (LESS THAN 18 YEARS OLD)

Age of minor: _____ Name of person completing form: _____
Please print

If Parent or Legal Guardian is unavailable to accompany minor to appointment, please list authorized caretaker(s): (Please print)

Name: _____

Name: _____

I AM AWARE THAT THIS PERMISSION CAN BE REVOKED BY ME AT ANY TIME

Parent or Legal Guardian Signature: _____ Date: _____

Patient Name: _____ DOB: _____
Please Print

Patient Signature: _____ Date: _____

Below, please attach copy of Photo ID of consenting Parent or Legal Guardian: