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NOTICE TO PARENTS

Parents often find it difficult to accompany their minor children to routine follow-up appointments. This form has been created to give you the opportunity to authorize treatment for your minor children in your absence.

AUTHORIZATION FOR TREATMENT OF A MINOR

I authorize Rachel Dean, MD, Amy Suter, PA-C, or Cydnie Plaisance, NP to render treatment to my minor child without my presence in the office.

Signature of Parent/Guardian

Date

Name of patient: -----

Name of Parent/Guardian: -----