Holly Hazlett, M.D. Leslie Ledbetter, M.D. Joel Hyman, M.D.
Mandy Harting, M.D. Julie Sansbury, M.D. Larissa Stewart, M.D.
Brittany Barros, M.D. Judie E. Franks, N.P.

TREATMENT TO MINORS

Patient Name: ____________________________________ DOB: __________________

Many times, parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Dr. ______________________________ permission to treat my child specifically for ____when they arrive at the office unaccompanied.

____ ___/___/___

Signature of Parent Date