From the Elbow to the Fingertip

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery with Specialty Certificate

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## CONSENT FOR TREATMENT OF A MINOR PIN\_\_\_\_\_

Patient Name	, Date	of Birth		Today's Date		
I, the undersigned, parent/guardian of	ongoing	routine an	_, a mi nd eme	nor, do hereby authorize and direct rgency health care. This consent		
Patient resides with (please include all family an Name	d non-re	elated members): Relationship				
Is this the minor patient's full time residence? If no, please explain:		Yes	NO	(circle one please)		
Please indicate who may legally sign for medical information:  Name	l decisio	ons and when Relations	·	receive medical records and medical		
(print name) must be accompanied by a parent/legal guardian parent/guardian, stating that the minor may be tr	at every	visit, or	(patient have a			
be made without the parent/guardian.  Signature (parent/legal guardian)		Date				