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CONSENT TO TREAT A MINOR

I, _____, am the legal guardian of
_____. I give Amit P. Parikh, D.O.
my permission to treat his/her condition in my absence.

_____ for only this visit scheduled for _____ (date)

_____ for all subsequent visits until consent is revoked in writing.

Guardian / Parent

Name (print) _____
Social Security No. _____
Date of Birth _____
Phone No. _____
(Where you can be reached during treatment) _____

Signature _____
Date _____