ORTHOPEDIC INSTITUTE

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CONSENT FOR TREATMENT OF MINOR

Patient Name: _____ Date: _____
Chart: _____ _____

I, _____, hereby authorize _____
(Parent/Guardian Name) (Provider)

to provide routine medical treatment and/or psychological services for above patient who resides at

☐ home or

☐ other (please specify) _____.

Routine care does not include invasive procedures or other treatments which are unusual or carry a significant risk to the patient.

Minors requiring an injection for MRI must have a parent/guardian present for the MRI scan.

This consent form can only be revoked by written notification by the parent/guardian.

Patient Signature: _____ Date: _____

For Staff Use Only: Permission via phone call

Verbal permission given to: _____