

NORTHCREST ORTHOPAEDICS

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Minor Consent to Treat Form

Patient's name: _____ DOB: _____

Please list the individuals that have permission to present with your child for treatment. Please also note if they may receive information relating to your child's treatment.

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Parent/Guardian Print

Date

Parent/Guardian Signature

501 Northcrest Drive, Springfield, TN 37172- Phone# (615)382-5204 - Fax#(615)382-4952
2536 Hwy 49, Suite 120, Pleasant View, TN 37146-Phone# (615)746-1563 - Fax# (615)746-1610
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