



## Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's name: \_\_\_\_\_ DOB: \_\_\_\_\_

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

\_\_\_\_\_

Name	Relationship to Patient
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\_\_\_\_\_

Name	Relationship to Patient
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### AUTHORIZATION:

I (parent/legal guardian name) \_\_\_\_\_ request and authorize North Pittsburgh Oral Surgery and its personnel to deliver routine oral and maxillofacial care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize North Pittsburgh Oral Surgery and its personnel to deliver routine oral and maxillofacial treatment and services to my child. Routine oral and maxillofacial care and interventions may include, but are not limited to: medical and dental evaluation, physical exam, radiographs and emergent surgical intervention.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

\_\_\_\_\_

Parent or Legal Guardian (please print)	Relationship
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Parent or Legal Guardian Signature	Date
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