



CONSENT TO TREATMENT OF A MINOR

This form is to be completed for each minor and filed in the minor's chart.

Date: _____

TO: PVFC, Doctors' Marshall, Adam L. Schwartz, PA-C, Angela Calderon, PA-C, Associates, Medical Assistants, and Staff Members, 3811 E. Bell Rd, #107, Phoenix, AZ

RE: _____, a minor.

DATE OF BIRTH: _____

_____ parent(s) or legal guardian(s)

of _____, a minor, authorize the above mentioned Medical

Providers and its Staff Members, to whom the minor has been entrusted, consent to treatment and care deemed advisable to include examination, x-ray, anesthetic, physical medicine and / or surgical procedure to be rendered to said minor.

This consent shall remain effective until _____, 20____, unless sooner revoked in writing and delivered to said Medical Providers and its Staff.

DATE: _____

SIGNATURE: _____
Parent or Legal Guardian

DATE: _____

SIGNATURE: _____
Witness

Name & Title of Witness (Print)