

K. Randy Pierce, MD
Mark A. Plunkett, MD
Eric Dai, MD



Dawn C. Buckingham, MD
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Consent to Treat Minors

In my absence, I authorize _____ M.D. and staff to

evaluate and treat, _____, a minor child, that in his/her

judgment, the Physician determines advisable for the child's well being.

Parent / Guardian Signature _____ Date _____

*Witness Signature _____ Date _____

*If parent or guardian is giving verbal authorization over the telephone, a second witness should be documented.