James R Bond, J.R., M.D., P.A
1615 Lancaster, Drive Suite 107
Grapevine, TX 76051
817-488-5555
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AUTHORIZATION TO TREAT MINOR CHILD OR CHILDREN
(17 YEARS AND YOUNGER)

I authorize Dr. James R. Bond, Jr. and/or his staff, to medically treat my minor child/children.

_____ DOB:_____

_____ DOB:_____

_____ DOB:_____

I am giving this authorization due to my absence during the office visit and treatment given by Dr. James R. Bond, Jr. and staff.

This authorization will be good for ***ONE YEAR*** from when it is dated below.

_____ _____
Printed Parent/Guardian Name Relationship

_____ _____
Signature Date