

CONSENT FOR TREATMENT OF A MINOR

I hereby authorize, _____ to administer an exam,
x-rays or treatment as they deem necessary to my

_____ : _____.

PARENT/GAURDIAN SIGNATURE _____

DATE _____

WITNESS _____

PRIVACY PRACTICES ACKNOWLEDGMENT

Posted on Lobby Wall

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy practices and I have been provided an opportunity to review it.

NAME _____ BIRTHDATE _____

SIGNATURE _____

DATE _____

WAIVER

I acknowledge that I was given the opportunity to accept the Notice of Privacy Practices and have chosen not to receive that Notice or have it explained to me.

NAME _____ BIRTHDATE _____

SIGNATURE _____

DATE _____