

Consent to Treat a Minor



Patient Name: _____

Patient Date of Birth: _____

Many times parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Tallman Dermatology permission to treat my child when they arrive at the office unaccompanied for dates of service from _____ to _____.

Printed Name

Relationship to Patient

Signature of Parent or Guardian

Date

Please return this form via mail or fax to:

Tallman Dermatology
2294 Grant Rd
Billings MT 59102

Fax: 406.294.9520
Phone: 409.294.9515