

Physicians for Women

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Authorization for Examination and/or Treatment of a Minor

I, _____, the parent and/or
(name of parent)

legal guardian of _____, hereby
(name of child) (Date of Birth)

authorize _____
(name of person bringing child to the office)

to accompany my above-named child to office visits with:

(name of physician or physicians)

and to consent to the examination and/or treatment of my child during the office visits.

This authorization:

is effective only on _____, 20_____.

is effective from _____ 20_____ to _____ 20_____.

is effective until revoked by me in writing.

I reserve the right to revoke this authorization at any time by writing to the above-named physician.

Date

Signature of Parent/Guardian

Date

Signature of Witness