

North Scottsdale Internal Medicine

Dr. Mark J. Lewis

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**CONSENT TO TREAT (TODAY ONLY)**

Date of Visit: \_\_\_\_\_

◇ **Consent for patients being brought to the office by someone other than the parent of legal guardian:**

I, the parent or legal guardian of \_\_\_\_\_ hereby give

\_\_\_\_\_ permission to bring my child to the office today for an examination.

**Please be aware that immunizations and /or procedures cannot be performed without the parent or legal guardian’s verbal consent.**

I will be available to give verbal consent to the administration of immunizations and/or and procedures at the following phone number(s):

- 1. ( ) \_\_\_\_\_
- 2. ( ) \_\_\_\_\_

◇ **Consent for a patient who is 16 years of age or older and coming to the office alone:**

I, the parent or legal guardian of \_\_\_\_\_ hereby give North Scottsdale Internal Medicine permission to treat him/her without me being present.

**Please be aware that immunizations and /or procedures cannot be performed without the parent or legal guardian’s verbal consent.**

I will be available to give verbal consent to the administration of immunizations and/or and procedures at the following phone number(s):

- 1. ( ) \_\_\_\_\_
- 2. ( ) \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

