

# FORMAN DERMATOLOGY

A division of Florida Dermatology and Skin cancer Specialist, PL

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## TREATMENT OF MINORS POLICY

No elective or non-emergency medical/surgical procedures may be performed on a patient without a valid consent. Minors under the age of 18 not accompanied by a parent or legal guardian, must present a parental note with the information listed below to obtain treatment.

If the consenting parent/guardian is not available, this note must indicate the following:

- Minor's Name
- Minor's Date of Birth
- The name of the Dermatologist treating the minor
- The procedure that the parent is consenting to for the minor child (if applicable)
- The printed name and signature of the parent or guardian

I authorize Dr. and/or ARNP \_\_\_\_\_ to treat

\_\_\_\_\_ (Minor's Name) \_\_\_\_\_ (Minor's Date of Birth)

\_\_\_\_\_ (Minor's procedure/evaluation)

\_\_\_\_\_  
\_ Parent/Guardian (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian Contact Phone Number