

FORMAN DERMATOLOGY

A division of Florida Dermatology and Skin cancer Specialist, PL

4915 Ehrlich Road
TAMPA, FL 33624

PHONE: 813-960-2400
FAX: 813-960-2410

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