Skin Spectrum, P.C.
6127 N. La Cholla Blvd., Ste 101
Tucson, AZ 85741
(520)797-8885

Treatment to Minors

Consent to treat patients under 18 years of age

Name of minor patient: _____

Date of birth: _____

This form has been prepared for your convenience should you at some time be unable to accompany your child or young adult, to their dermatological appointment.

I hereby grant to Skin Spectrum, and its medical providers, permission to treat my child's dermatological condition when he/she arrives at the office unaccompanied.

Printed Name of Parent: _____

Signature of Parent: _____

Date: _____