SOUTHLAKE DERMATOLOGY
1170 N. Carroll Ave. Southlake, TX 76092
www.southlakedermatology.com
Main 817-251-6500 Fax 817-442-0550

Minor Consent to Treat

I hereby authorize Dr. Angela Bowers-Plott, Dr. Sara Heldt, Beth Jouett PA or Cheryl Hickey PA or other healthcare providers at Southlake Dermatology to treat my child ____ today and when I am not present. If a surgical procedure needs to be performed for any condition other than acne and warts, I will be contacted beforehand. I hereby acknowledge that all my questions have been answered about this formality and agree to this consent.

_______________________ _______________________

Parent or Guardian (Printed) Date

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Parent or Guardian (Signature)