SOUTHWEST ORTHOPAEDIC SPECIALISTS

For office use only:

Patient MRN:

Consent for the Treatment of Minors

By law, any person under the age of 18-years old cannot be seen by a provider without consent from a parent or legal guardian. If a minor arrives with someone other than a parent or legal guardian, Southwest Orthopaedic Specialists (SOS) providers must have written permission/consent from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor patient name: _____DOB: _____

For those occasions when you may not be with your minor child, please list those individuals who may give SOS providers consent to see your minor child:

Name — Relationship to Minor patient

Name — Relationship to Minor patient

TREATMENT OR SERVICES LIMITATIONS:

Please identify all medical treatment or services for which this authorization is given.

☐ Evaluation & Physical Exam ☐ X-Ray ☐ Casting/Splinting/DME placement ☐ Pain relief injection
☐ Suture removal ☐ Pin removal ☐ No limitations to treatment

Note: **Open fracture care and/or decisions surgery will not be made without a consultation with the parent or legal guardian.**

____ By initialing here, I am requesting and give consent for the minor patient to receive medical treatment or services without an accompanying adult. This consent is limited to mature minors age 17-years or older and only applies to the treatment or services identified above.

This consent shall be in effect for: ☐ Date _____(only)

☐ Indefinitely, until revoked by written communication

AUTHORIZATION:

I, _____ as parent or legal guardian, request and authorize Southwest Orthopaedic & Reconstructive Specialists providers to deliver routine medical treatment and services to my minor child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult present with the child is responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize Southwest Orthopaedic & Reconstructive Specialists providers to deliver routine medical treatment and services to my minor child. Routine medical treatment or services may include (but not limited to): medical evaluation, physical exam, x-rays, suture removal, casting, durable medical equipment placement or minor injections.

By signing this form, I am stating that I have read, understand and give my consent as stipulated above.

Parent or Legal Guardian Name (please print) — Relationship to Minor patient

Parent or Legal Guardian Signature — Date