

Model City Pediatrics

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CONSENT TO TREAT

(TODAY ONLY)

Date of Visit: _____

- Consent for patients being brought to the office by someone other than the parent or legal guardian:**

I, the parent or legal guardian of _____ (name/date of birth) hereby gives _____ permission to bring my child to the office today for an examination.

Please be aware that immunizations and/or procedures cannot be performed without the parent or legal guardian's verbal consent.

I will be available to give verbal consent to the administration of immunizations and/or any procedures at the following phone number(s):

1. (____) _____ 2. (____) _____

Parent/Legal Guardian Signature: _____

Date: _____