



OKLAHOMA CITY

2201 S.W. 119th Street, Suite A
Oklahoma City, Oklahoma 73170
Phone: (405) 735-9788
Fax: (405) 735-9882

Norman

3960 W. Tecumseh Road, Suite 120
Norman, Oklahoma 73072
Phone: (405) 217-3886
Fax: (405) 217-3418

AUTHORIZATION FOR TREATMENT OF A MINOR

Patient's name: _____ Date of Birth: _____

Legal guardian: _____ Relationship to patient: _____

Option one:

I, _____, give consent for the minor,
_____, to be seen without my presence and make their own medical decisions.

Option two:

I, _____, give permission to _____, to act as my
representative and make the medical decisions for _____.

_____ For this date only

_____ For all appointments.

Signature

Date