



## Treatment to Minors

Many times parents find themselves unable to accompany their teen to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Revive Clinic and Spa permission to provide continued treatment to my child when he/she arrives at the office unaccompanied or accompanied by someone other than a legal guardian (grandparent, babysitter, etc.).

I wish my child's treatment to be restricted as follows:

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Patient Name

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Patient's Date of Birth

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Signature of Parent or Legal Guardian

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Date of Signature