

PERMISSION FOR TREATMENT OF A MINOR

I, _____, give the following individuals my
(parent/guardian)
permission to bring _____ to Zengerle Medical

Clinic for medical examination and treatment as indicated.

1. _____
2. _____
3. _____
4. _____
5. _____

Patient name _____

Patient/responsible party signature _____

Date _____



★ ZENGERLE ★
Medical Clinic