

Lenzmeier Family Medicine
20100 N. 51st Avenue, Ste F630
Glendale, AZ 85308
623-376-8000

Fax 623-376-8040



PRE-CONSENT FORM FOR TREATMENT OF MINOR

The undersigned parent/guardian of

(Name of Minor under 18)

(Date of Birth)

Does hereby empower and grant to the medical providers at Lenzmeier Family Medicine permission to assess and deliver medical care and treatment for my above child/ward.

This authorization shall be valid on

(Date of appointment)

I do hereby indemnify and hold harmless the physicians, hospital, and other persons who act in reliance upon this authorization.

(Parent/Guardian Signature)

(Parent/Guardian PRINTED)

(Date of Signature)

*The parent or legal guardian **MUST** be available by phone during the scheduled appointment time.*

(Phone number)