

# Informed Consent

**Patient:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Being the parent/legal guardian of the above named patient, I hereby authorize the physicians at Women's Health to provide medical care and treatment to this patient as deemed medically necessary.

I understand that this may include examination and/or treatment, in office procedures, and may result in a surgical procedure being scheduled.

I understand that this Informed Consent will remain in affect until it has been revoked in writing.

**Parent/Legal Guardian:** \_\_\_\_\_

**Dated this** \_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_.

.....

I, the parent/legal guardian of \_\_\_\_\_, have given consent as legal guardian for the above named patient for surgery to be performed. The surgical procedure to be scheduled once written consent is obtained is:

\_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_

**Dated this** \_\_\_\_ **day of** \_\_\_\_\_, **200**\_\_.