



All minors are required to have a parent/legal guardian present with them for each appointment. By law, we are required to have a consent from a legal guardian to provide treatment to a minor. If a parent or guardian is unable to attend an appointment with the minor, then a signed authorization to treat a minor is required.

I request and authorize Shah Dermatology, LLC to deliver medical and/or cosmetic care to the minor listed below without my presence at the appointment. I further authorize Shah Dermatology, LLC to bill any applicable charges to the provided medical insurance policy/policies.

Minor's Name _____ DOB _____

Authorization Time Period (please check ONE option below):

- Valid until revoked in writing by me or until minor is 18 years old (whichever is sooner)
Only for specific appointment date(s) or treatment(s) (as specified below):

Please list any comments or instructions for treatment of minor:

Signature of Parent/Guardian _____

Date _____

Name of Parent/Guardian _____

Relationship to Minor _____

Email for Parent/Guardian _____

Phone Number for Parent/Guardian _____