

Richard F. Smith, D.O.
15 The Parkway
Katonah, NY 10536
(914) 232-5955

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Richard F. Smith to examine and provide treatment to:

Patient's Name: _____
Please print clearly

Legal Guardian's Name: _____
Please print clearly

Relationship to Patient: _____
Please print clearly

Guardian's Signature: _____
Please sign Date