

MGMD

Advanced Science for Beautiful Skin



MGMD Dermatology • Michele Grodberg MD & Associates

MINOR PATIENT RELEASE FORM

I, _____ Hereby give Dr. Grodberg/Dr. Steinman/Dr. Ordoukhanian/Dr. Kusseluk and her/his medical personnel permission to treat my minor child as deemed necessary during my absence.

NAME OF CHILD _____

DATE OF BIRTH _____

In case of emergency, please contact

Name(print) _____ Relationship _____

Phone # _____ Date _____

Signature _____ Date _____

Relationship to patient: parent or guardian (please circle)

Witness: _____ Date _____