



12640 World Plaza Lane • Bldg. #71 • Fort Myers, FL. 33907
Phone: 239.243.8222 Fax: 239.206.4779

CONSENT TO TREAT MINOR CHILDREN
(Please print all information)

I, _____, am the Parent and/or Legal Guardian of Minor Patient, _____. Minor's date of birth is _____. I do hereby consent to any medical care, examinations and/or treatments for the welfare of said minor while she/he is under the care of Dr. Anne Lord-Tomas and/or Dr. Robert Tomas. The minor will not be able to be treated without written consent.

Parent or Legal Guardian (**please present a valid form of ID on the date of visit**).

Relationship to Patient: _____ (mother, father, etc.)

Signature of Parent or Legal Guardian _____

Date: _____

Witness Signature: _____ Printed Name: _____

Date: _____

This consent form should be taken with the child to the physician's office when the child is taken for treatment.

MAY WE CONTACT YOUR LEGAL GUARDIAN WITH ANY RESULTS? (if NO, please provide an alternate number - (_____)

_____ YES _____ NO

Special Medications, Blood Type or Pertinent Information for Minor:
