



Foot & Ankle Town Center

Authorization to Treat Minor Patient in Absence of Parent/Guardian

Name of Minor Patient: _____

Date of Birth: _____

I certify that I am the parent and/or legal guardian of _____
(name of child)

I authorize _____ to bring my child to office visits with Dr. _____
(name of person bringing child) (name of physician)
and I consent to the examination and treatment of my child.

I authorize the minor child named above to come alone to office visits with Dr. _____
(name of physician)
and I consent to the examination and treatment of my child.

This authorization:

is effective on _____.

is effective from _____ to _____.

is effective until revoked by me in writing.

Parent/Guardian Contact Information:

Home phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

I reserve the right to revoke this authorization at any time by writing to the above named physician.

Parent/Guardian Signature: _____

Date: _____

Stephen G. Eichelsdorfer, DPM
Diplomate, American Board of Podiatric Surgery
Fellow, American College of Foot and Ankle
Surgeons

Matthew R. Sheedy, DPM
Associate, American College of Foot and
Ankle Surgeons Member, American Podiatric
Medical Association

Tyreen V. Heybeck, DPM
Member, American Podiatric Medical Association
Member, International Association for
Dance Medicine and Science

Timmy M. Pham, DPM
Member, American Podiatric Medical
Association Member, American College of
Foot and Ankle Orthopedics and Medicine

8 N. Main St., Suite P
Kingwood, TX 77339
Phone: 281-361-7400
Fax: 281-361-7411

18700 W. Lake Houston Pkwy.
Suite A-105
Atascocita, TX 77346
281-812-2890

400 Bypass Lane, Suite 110
Livingston, TX 77351
936-327-4400

211 South College Ave.
Cleveland, TX 77327
281-592-5779