

Petoskey Family Foot Care

Dr. Anthony Robert Alessi, DPM, PC

1414 Kilborn Drive
Petoskey, MI 49770

(231) 347-5111
(231) -347-5115 FAX

CONSENT TO TREATMENT OF MINOR

NAME OF MINOR: _____

BIRTH DATE OF MINOR: _____

NAME OF PARENT/GUARDIAN: _____

I AM THE PARENT/GUARDIAN OF THE MINOR CHILD WHOSE NAME AND BIRTH DATE ARE INDICATED ABOVE. I HERBY GIVE PERMISSION TO DR. ANTHONY ALESSI TO EXAMINE AND TREAT THE ABOVE NAMED MINOR CHILD FROM THIS DATE FORWARD. THIS AUTHORIZATION IS VALID UNTIL REVOKED IN WRITING.

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

WITNESS