

CHERYL P LOPEZ DO PA
3880 PARKWOOD BLVD., STE 303
FRISCO, TEXAS 75034
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MINOR/CHILD CONSENT

I am the parent, guardian, or personal representative of _____

(Please Print Name of Minor/Child)

and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the doctor and practice staff to perform necessary services for the child named above, including but not limited to x-rays, and treatment, which are deemed advisable by the doctor, whether or not I am present when the treatment is rendered.

Patient Date of Birth:: _____

Signature of Parent, Guardian or Personal Representative

Date

Please print name of Parent, Guardian or Personal Representative

Relationship to Patient