

DERMATOLOGY ALLIANCE-KELLER
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DERMATOLOGY ALLIANCE-COPPELL
215 S. Denton Tap Rd Ste 170 Coppell. TX 75019
www.DermatologyAllianceCoppell.com
Main 469.312.7302 Fax 972.304.6050

Minor Consent to Treat

I hereby authorize Dr. R. Todd Plott or other healthcare providers at Dermatology Alliance to treat my child _____ when I am not present. If a surgical procedure needs to be performed for any condition other than acne and warts, I will be contacted beforehand. I hereby acknowledge that all my questions have been answered about this formality and agree to this consent. This consent will stay active until we are notified in writing to remove this consent to treat.

Parent or Guardian

(Printed) Date

Parent or Guardian (Signature)