Hutzel Women's

HEALTH SPECIALISTS

Consent to Treat Minors

Midtown Office

4727 St. Antoine, Suite 304
Detroit, MI 48201
☏ (313) 833-8800
🖷 (313) 833-8801

Hamtramck Office

9015 Joseph Campau
Hamtramck, MI 48212
☏ (313) 664-0777
🖷 (313) 664-0311

Warren Office

28800 Ryan Rd, Suite 200
Warren, MI 48092
☏ (586) 558-1110
🖷 (586) 558-1151

Date_____

I certify that I am the parent/legal guardian of the minor listed below. I give Hutzel Women's Health Specialists and it's employees permission to evaluate, diagnose and treat this individual even if I am not present for the exam. This consent is valid until the Minor patient's 18th birthday.

Minor's Name_____

Minor's Date of Birth_____

Legal Guardian's Printed Name_____

Relationship to Minor_____

Phone Number_____

Address_____

_____

Cristina Alfieri, MD
Ban Al-Karaghouli, MD
Radwan Asaad, MD
Helard Ballon-Hennings, MD
Lori Billis-Gergics, MD
Andre Bobo, MD
Amanda Brownsberger, CNM
David Kmak, MD
Valerie Kmak, CNP
Diane Vista-Deck, MD

_____

Signature of Parent/Legal Guardian

Picture ID of the Parent/Legal Guardian must be attached to this form