

Minor Consent to Treat

Shauna K. Kranendonk, M.D.

John Perrotto, D.O.

Heather Zakian, PA-C

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Suite #3002

Jupiter, FL 33458

Phone: 561-820-0155

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I hereby authorize Dr. Shauna Kranendonk, Heather Zakian, PA-C and any other providers to treat my child _____ today and when I am not present. I hereby acknowledge that all my questions have been answered about this formality and agree to this consent.

Parent or Guardian (Printed)

Date

Parent or Guardian (Signature)

Witness