



Dr. Stephen Barkalow ~ Dr Derek Barkalow ~ Dr Dustin Nagai

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CONSENT TO TREAT A MINOR

I, being the parent or guardian of _____, a minor, the age of _____, do hereby consent, authorize and request Dr. _____ to administer such treatment deemed advisable, necessary or requested on the afore mentioned minor.

I agree to hold the doctor free and harmless for any claims, suits for damages or complications which may result from such treatment.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Print Name: _____