

ConradPetersen

DERMATOLOGY

Samantha Conrad MD, FAAD
Erin Petersen MD, FAAD

2845 N Sheridan Rd Suite 700
Chicago IL, 60657
T 773.832.7443 F 773.295.4126

Treatment Of Minors Policy

No elective or non-emergency medical/surgical procedures may be performed on a patient without a valid consent. Minors under the age of **18** not accompanied by a parent or legal guardian, must present a parental note with the information listed below to obtain treatment.

If the consent parent/guardian is not available, this note must indicate the following

- Minor's Name
- Minor's Date of Birth
- The name of the Dermatologist treating the minor
- The procedure that the parent is consenting to for the minor child (if applicable)
- The printed name and signature of the parent or guardian

I hereby authorize Dr. Erin Petersen / Dr. Samantha Conrad to treat

_____ (Minor's Name)

_____ (Minor's Date of Birth)

_____ (Minor's Procedure)

Parent/Guardian (Printed) _____

Signature of Parent/Guardian _____

Date _____