

RICHARD D. JELSMA, MD

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Minor/Child Consent for Treatment

I am the parent, guardian or personal representative of _____ and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the doctor and practice staff to perform necessary services for the child named above. Including but not limited to x-rays and treatment, which are deemed advisable by the doctor, whether I am present or not when the treatment is rendered.

Patient DOB: _____ SSN: _____

Name of parent, guardian or personal representative:

Signature of parent, guardian or personal representative:
