MOD DERMATOLOGY

Melanie Ortleb, M.D.
Fellow, American Academy of Dermatology
Board-Certified Dermatologist
Amy K. Price, PA-C

MOD Dermatology, PC
Authorization to Treat a Minor Patient When Parents
Are Temporarily Unavailable

I, _____, parent or legal guardian of

(Patient Name) _____(Patient DOB) _____

authorize MOD Dermatology, PC to evaluate and treat the above-named patient.

I understand a parent or legal guardian will be required to sign a separate consent for excisions, biopsies, and any invasive or surgical procedure. This consent will remain in effect for 12 months from the date of my signature.

Signature of Parent or Legal Guardian _____

Date: _____ Relationship to patient: _____

I understand that any applicable copayments or deductibles are due at the time of check-in. I will call ahead of time to make a payment over the phone, or I will send payment with my child on the day of his/her appointment.

Signature of Parent or Legal Guardian _____

Date: _____ Relationship to patient: _____