Mozen Foot Healthcare Associates, P.C.

Physicians – Surgeons of the Foot & Ankle

29289 Telegraph Rd
Suite 100
Southfield, MI 48034

26850 Providence Parkway
Suite 502
Novi, MI 48374

37595 7 Mile Road
Suite 370
Livonia, MI 48152

(248) 258-0001
(248) 258-6779 FAX

CONSENT TO TREATMENT OF MINOR

NAME OF MINOR: _____

BIRTH DATE OF MINOR: _____

NAME OF PARENT/GUARDIAN: _____

I AM THE PARENT/GUARDIAN OF THE MINOR CHILD WHOSE NAME AND BIRTH DATE ARE INDICATED ABOVE. I HERBY GIVE PERMISSION TO DR. NEAL MOZEN AND ANY OTHER DOCTORS PRACTICING IN THIS OFFICE WITH DR. MOZEN TO EXAMINE AND TREAT THE ABOVE NAMED MINOR CHILD FROM THIS DATE FORWARD. THIS AUTHORIZATION IS VALID UNTIL REVOKED IN WRITING.

_____ _____
DATE **SIGNATURE OF PARENT/GUARDIAN**

_____ _____
DATE **WITNESS**