

Use this letter if minor will appear with a nonparent

Margolin & Keinarth, M.D. PA

Family Health Clinic

Date: _____

I am the parent and/or legal guardian for __Joseph Doe____(minor patient name). (Enter minor patient name again) ____Joseph Doe_____ will arrive at the practice for an appointment accompanied by __Aunt Linda Doe_____ (identify nonparent ie: grandparent, adult aunt or uncle, adult sibling etc.)

I Joe Doe give consent to any routine care.

Sincerely,

____Joe Doe____

Use this letter format for teenagers with own transportation.

Margolin & Keinarth M.D. PA

Date: _____

I Jon Doe am the parent of Joseph Doe. Joseph will be coming to the office independently. I Jon Doe give consent to Margolin & Keinarth/ Family Health Clinic for Joseph to receive routine care.

Sincerely,

Jon Doe