

MRN:	Staff initials:	Date:
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UNDERAGE / MINOR PATIENT AUTHORIZATION FOR TREATMENT

Dear Parent/Legal Guardian:

It is the policy of MOI and its physicians that patients under the age of 18 should be accompanied by their parent/legal guardian for all appointments. For initial evaluations, a parent or legal guardian MUST accompany the minor-aged patient. In regards to follow up appointments, should the underage patient's parent/guardian not be able to attend the visit, the patient will only be seen/treated with written consent or this form completed and signed by the parent/guardian giving MOI and its physicians consent to evaluate and treat the underage patient. This consent must be received, even if the patient is accompanied by another adult (non-parent/guardian), such as older siblings, grandparents, etc.

For MRI patients or patients having a procedure done (injection, staples removed etc) under the age of 18, a parent/legal guardian must be present with the minor at the time the safety screener is reviewed/completed or the procedure is performed. If the parent cannot be present at the time of the exam, this form must be received giving another adult consent to authorize treatment/services.

Your signature below authorizes Midwest Orthopaedics Institute to treat your child for his or her medical office visit/MRI exam. This authorization will also permit us to bill your insurance company and release information needed to process your child's claim. Your signature authorizes payment of benefits to be made directly to Midwest Orthopaedics Institute. You are financially responsible for any amount not covered by your insurance.

The written note is to be scanned into the patient's chart under "authorization". No exceptions will be made.

I, _____, appoint _____ to act as temporary
Print Parent's Name ***Print Temporary Guardian's Name

guardian during my child's (_____) medical office visit or MRI exam.
Print Underage Patient's Name

 Signature of Parent / Legal Guardian Relationship to Minor Date

 Phone # of Parent / Legal Guardian

 Signature of Appointed Temporary Guardian Relationship to Minor Date

*** If this is for a medical office visit only and the underage patient is to be seen without a parent/legal guardian then list the patient on the "Temporary Guardian's Name" line.

rev 081517: Forms and Letterhead: <https://docs.google.com/document/d/1nz392-Hz0tGDMGHpKESxek8qI7PdqdMDWWQ50mEOugE/edit#>

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