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I-Health Physical Therapy Inc.

Authorization and Consent to Treat a Minor

Date: ____ / ____ / ____

Patient Name: _____

Patient Birthdate: ____ / ____ / ____

The undersigned does hereby authorize IHealth Physical Therapy Inc consent to exam and treat the above mentioned minor by employees of IHealth Physical Therapy Inc without a Parent or Guardian present.

Father or Guardian _____
(signature)

Mother or Guardian _____
(signature)

Witness _____
(signature)_____

Important Medical Information (Allergies, Medications, etc.):
