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## CONSENT FOR TREATMENT OF A MINOR

Missouri law states a physician is not authorized to perform any medical procedures, disclose any information with respect to any appointment, examination, or test, concerning a minor without parental/guardian consent.

Your signature below authorizes Scherbel Clinic to render medical care to:

\_\_\_\_\_  
Name of Minor/Patient (Please Print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

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