

ABBASI DERMATOLOGY MINOR CONSENT FORM

21401 Allen Road, Woodhaven, MI 48183
Phone: 734-675-0835 Fax 734-675-0873

133 W Main St, Suite 251, Northville, MI 48167
Phone: 248-773-5305 Fax: 248-773-5307

Michigan law requires patients under age 18 to have parental/guardian consent before receiving medical care, except in emergencies and for certain sensitive services. Parents/guardians of minors should complete this form to expedite the process, as lack of consent may delay treatment except in emergencies. Any minor procedures necessary to provide medical care may be performed at the discretion of the provider.

I consent to Abbasi Dermatology providing health care for:

Minor name: _____

Date of birth (mm/dd/yyyy) _____

Best daytime phone(s): _____

Date: _____

Last, first and middle Parent/guardian name:

Relationship to minor: _____

Signature: _____

Other parent/guardian name:

Relationship to minor: _____

Signature: _____

Return this form in person or notarized at Abbasi Dermatology Woodhaven or Northville.

For our Notice of Privacy Practice, please ask the front desk receptionist.