



Mark D. Gaughan, M.D., FAAD      Michelle L. Goedken, DO, FAAD  
Scott C. Wickless, DO, MBA, FAAD      Kristin E. Pogue, PA-C

523 South Camino del Rio, Suite B  
Durango, CO 81303  
970-247-1970  
970-259-1668(fax)

## TREATMENT TO MINORS

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your child.

I hereby grant Dr. \_\_\_\_\_ permission to treat my child when they arrive at the office unaccompanied.

\_\_\_\_\_  
Signature of Parent      \_\_\_/\_\_\_/\_\_\_  
Date