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Parental Consent Form

I _____ give permission for the Doctors Limmer (or staff) to treat my
Parent's Name

(son, daughter) _____ who is a minor. I will make sure that the visit
Patient's Name

is paid for at the time of service by cash, check or credit card. I will be responsible for my child's bills until further notice. I understand that it is my child's responsibility and not the doctors to tell me what transpired at the visit. The Doctors of course will notify me if there is a major decision to be made.

Signature of Parent

Date

Phone Number

Approved 4/29/2014