



Mid-Florida Dermatology Associates

Dermatology and Dermatological Surgery

ORLANDO
100 W. Gore St. #600
Orlando, FL 32806
407.299.7333

WATERFORD LAKES
829 Woodbury Rd. # 103
Orlando, FL 32828
407.299.7333

METROWEST
7652 Ashley Park Ct. #305
Orlando, FL 32836
407.299.7333

NEW SMYRNA BEACH
519 North Dixie Freeway
New Smyrna Beach, FL 32168
386.428.2223

HOURS BY APPOINTMENT

TREATMENT TO MINORS

Name of Patient: _____

Date of Birth: _____

Many times parents 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 point in time be unable to accompany your child.

I hereby grant to: _____ permission to treat my child when they arrive to the office unaccompanied.

Signature of Parent: _____

Date: _____

Contact Phone Number (1) : _____

Contact Phone Number (2) : _____