



SurgOne, P.C

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PLEASE COMPLETE IF PATIENT IS A MINOR

ANY patient under 18 MUST be accompanied by a parent or adult with LEGAL custody, or LEGAL guardian (this includes step-parents) unless there is a NOTARIZED letter from the parent stating someone else may bring the child to the appointment. With respect to divorced parents, consent should be obtained from the parent having decision-making responsibility for medical decisions under the parenting plan or custody decree, if any.

Patient Name (Legal): Age: Date of Birth: MM DD YYYY

Who has legal guardianship of the minor patient:

If parents are separated or divorced, with whom does the patient primarily live?

Mother's Name: Date of Birth: SSN

Address: Phone#:

Employer: Employer's Phone #:

Email Address:

Father's Name: Date of Birth: SSN

Address: Phone#:

Employer: Employer's Phone #:

Email Address:

Other Legal Guardian's Name: Date of Birth: SSN

Address: Phone#:

Employer: Employer's Phone #:

I UNDERSTAND THAT I AM THE LEGAL PARENT OR LEGAL GUARDIAN FOR THE ABOVE CHILD. I CONSENT THAT I HAVE FULL DECISION MAKING RESPONSIBILITY FOR MEDICAL DECISIONS UNDER THE PARENTING PLAN OR CUSTODY DECREE, IF ANY.

X SIGNATURE OF LEGAL PARENT OR GUARDIAN (Signed) Date: