



OF NORTHERN VIRGINIA, PLLC

Dr. Colby Mussett, DPM & Dr. Anne Shaffer, DPM

7521 Virginia Oaks Drive, Suite 104

Gainesville, VA 20155

Phone: 703-743-5457 Fax: 631-350-7793

Permission to Treat a Minor without Parent/Guardian present

The Ankle and Foot Clinic of Northern Virginia, PLLC. must receive permission from a minor's parent or legal guardian before providing non-life-threatening treatment. This form gives us legal permission to treat your child in case you can't accompany him/her to the office for treatment.

Patient Name: _____

Patient DOB: _____

Date(s) Valid: _____

Please initial:

_____ We/I are authorizing the minor to seek and obtain treatment without an adult present.

_____ We/I acknowledge that if the patient requires a procedure, a parent/guardian must be present at the visit and to sign consent forms.

_____ We/I acknowledge that if the patient requires durable medical equipment, a parent/guardian must be present to sign needed forms.

_____ We/I acknowledge that we are responsible for all charges in connection with the care and treatment rendered.

Signature: _____ Date: _____

Printed Name: _____

Relationship to patient: _____

In case of an emergency, I can be reached at _____

Please send any copays, deductibles or coinsurance with the minor to their appointment.