



Account #: \_\_\_\_\_

**Stella Mattina**

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Locations: 1135 North Bishop Avenue. Dallas, TX 75208 | 811 W Interstate 20. Suite 212. Arlington, TX 76017 | 6300 Samuell Boulevard, #154. Dallas, TX 75228

**LEGAL TREATMENT MINOR CONSENT FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1). \_\_\_\_\_ is under the age of 18.

(Printed Minor / Patient Name)

OR

(2). \_\_\_\_\_ is an adult Legally deemed incompetent.

(Printed Minor / Patient Name)

OR

(3). \_\_\_\_\_ Qualifies for an exception according to current Texas State Law.

(Printed Minor / Patient Name)

It is my/our request that routine emergency medical or minor surgical evaluation and / or treatment be provided to the above named patient in the event of my/our absence.

While attempts to contact me/us will be made, I/we fully understand that circumstances might prevent timely notification and consent for treatment, I/we agree to protect and hold harmless Women's Specialty Center PA from all civil or criminal liability which might arise in compliance with h is authorization for treatment.

\_\_\_\_\_  
(Parent/Guardian PRINTED Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Relationship to Patient)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(WSC Employee)