



Dermatology & Aesthetic Care, LLC

1299 E. Alex Bell Road  
Centerville, OH 45459

937-436-1117 (phone)  
937-436-9576 (fax)

## Authorization for Treatment of Minors

This form has been prepared for your convenience, when you are unable to accompany your child to our office for an appointment.

I hereby grant Dermatology & Aesthetic Care permission:

- To evaluate and write prescriptions for my child when they arrive unaccompanied for their appointment.

If my child is scheduled for treatment for his/her condition, I authorize the providers of Dermatology & Aesthetic Care to perform:

- Venipuncture (blood draw)
- Biopsy, shave, or liquid nitrogen treatment

If my child is scheduled for a cosmetic procedure, I authorize the providers of Dermatology & Aesthetic Care to perform:

- Microdermabrasion
- Chemical peel
- Hair removal laser

I understand that a copay (for medical) or full payment (for cosmetic) will be due at time of service and I agree to send my child to the office prepared for payment, if applicable.

Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_