

# From The Desk Of...

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## Authorization to treat a minor

I Name: \_\_\_\_\_ authorize my (son/daughter) to be treated at the office of Dr. Sirota. I am the legal guardian of \_\_\_\_\_.

Signed:

Parent(s) name \_\_\_\_\_

Child(s) name \_\_\_\_\_

Witnessed: \_\_\_\_\_

4/16/2009