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PERMISSION TO EVALUATE AN UNACCOMPANIED MINOR

This is to verify the I am unable to accompany my child today for his/her dermatological evaluation by Dr. Sylvie Khorenian, Dr. Elsa Ordoukhanian, Terri Raymond PA-C, and staff.

I understand that I will need to give written consent for any dermatological diagnostic tests or procedures performed on my child provided they are communicated with me.

Please print:

Patient Name: _____

Parent Name: _____

Date: _____