

ALL CHILDREN

All Minors must be accompanied by a parent or legal guardian on their first visit to Westgate Skin & Cancer, PLLC, dba Revelus Dermatology, (herein "Revelus Dermatology"). No exceptions.

CHILDREN 15 YEARS OR YOUNGER

Minors that are 15 years old or younger must be accompanied by a parent, legal guardian, or an authorized adult for all office visits. Minors that are 15 years old or younger that are not accompanied by a parent, legal guardian, or authorized adult will be asked to reschedule their appointment. Parents or legal guardians may authorize an adult to accompany a minor under their custody after their first visit.

CHILDREN 16 TO 17 YEARS OLD

Minors that are between the ages of 16 and 17 years old can be seen for follow-up appointments without a parent or legal guardian upon the parent or legal guardian providing authorization below.

AUTHORIZATION

I authorize Medical Providers and the staff of Revelus Dermatology to examine, treat, and/or perform all medical and/or minor surgical procedures.

I further understand that I, the parent or legal guardian, am responsible for all costs of all treatments and/or procedures, whether or not such medical treatments and/or procedures are covered by insurance. I understand that I am responsible for all charges and I will settle any estimates or balances due to Revelus Dermatology for any and all costs incurred by the named minor patient.

PATIENT/MINOR INFORMATION

First Name _____ Last Name _____ DOB _____

PARENT OR LEGAL GUARDIAN INFORMATION

First Name _____ Last Name _____ Relationship _____

AUTHORIZED ADULT INFORMATION

First Name _____ Last Name _____

Authorized Adult Relationship to Parent or Legal Guardian _____

SIGNATURE

I understand that my signature below confirms that I have read, understand, and consent to the treatment of a minor.

Patient, Guardian, or Responsible Individual Signature

Patient Name

Date Signed