



Dr. Neil P. Superfon, D.O. Dr. William T. Ko, M.D. Dr. John A. Ebner, D.O. Dr. Edward Galicynski, D.O.

**AUTHORIZATION TO TREAT A MINOR
IN THE ABSENCE OF PARENT / GUARDIAN**

***This consent applies to established patients only. New patients under 18 must have a parent or legal guardian present at time of visit.**

Date: _____

Name of Minor: _____

Date of Birth: _____

Name of Parent(s) or Guardian(s) _____

Person(s) Authorized to Bring Minor: _____

Relationship to Minor: _____

This authorization is in effect from _____ to _____

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Phoenix Office
2224 W. Northern Avenue
Suite D-300
Phoenix, AZ 85021
Tel: (602) 277-1449
Fax: (602) 263-8523

Paradise Valley Office
4835 E. Cactus Road
Suite 155
Scottsdale, AZ 85254
Tel: (602) 996-3050
Fax: (602) 494-0481

Gilbert Office
4001 E. Baseline Road
Suite 202
Gilbert, AZ 85234
Tel: (480) 844-0510
Fax: (480) 844-1663

Show Low Office
1500 S. White Mountain Road
Suite 401
Show Low, AZ 85901
Tel: (928) 537-2550
Fax: (928) 537-1266