## **Treatment Consent**

I harahy	consent and	aive my	narmicci	on to the	doctor (and
doctor's	assistants or such procedu	designat	ed replac	cement) to	o administer
<b>P</b> -					
Signature	e of Patient,	Parent, G	Guardian	or Persona	al Represent
Signature	e of Patient,	Parent, G	Guardian	or Persona	al Represent
Signature	e of Patient,	Parent, G	Guardian	or Persona	al Represent
Date	e of Patient,				