

TEXAS REGIONAL ASTHMA AND ALLERGY CENTER, L.L.P.

Board Certified specialists in allergy, asthma, immunology, and respiratory disorders

RENE ALBERT LEON, M.D. ALI SHAKOURI, M.D. ERNESTO RUIZ-HUIDOBRO, M.D. ALAYNA POWERS, RN, FNP-C
ALISHA DIAZ, PA-C

900 East Southlake Blvd. Suite 300 Southlake Texas 76092 (817) 421-0770 (817) 421-4759 (Fax)
4312 Heritage Trace Pkwy. Ste 708 Fort Worth, TX 76244 (817) 421-0770 (817) 562-5008 (fax)

WEBSITE: www.traac.org

CONSENT TO TREAT MINOR

I hereby authorize Texas Regional Asthma & Allergy Center, L.L.P. to provide medical care to the patient below without a legal guardian present. Medical care may include a physical examination, certain diagnostic tests, allergy injections, medications by prescriptions, oral or injection.

Patient's Name: _____ DOB: _____

Parent/Legal Guardian's Name (print): _____

Parent/Legal Guardian's Signature: _____

Witness: _____ Date: _____

VERBAL CONSENT TO TREAT MINOR

I _____ (Staff of TRAAC) spoke with _____

Legal Guardian for _____ over the phone and was given a verbal consent to treat.

Signature (Staff of TRAAC)

Date