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PARENT CONSENT TO TREAT A MINOR FORM

Being the parent or legal guardian of _____
(minor's printed name), I _____
(parent/guardian's printed name) hereby authorize The Tx Room, PLLC to
treatment of my minor. Further, as parent or legal guardian, I am responsible for
the health care decisions of my minor child and agree that my insurance plan is
the primary plan to pay for the medical treatment that is given to my child.

Minor's date of birth: _____

Parent/Guardian Signature: _____

Date: _____