



615.859.SKIN (7546) | f: 615.851.7760
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CONSENT FOR TREATMENT OF A MINOR

I, _____ hereby give my permission to Loven Dermatology to treat and/or obtain blood/body fluid sample/ culture from my child _____, as deemed necessary by the physician when I, the parent or legal guardian, am not present.

This consent form will become a part of the patient's chart and remain valid and effective from date of signing until revoked in writing.

Signature/Relationship: _____

Date: _____

GALLATIN
300 Steam Plant Road
Suite 260-B
Gallatin, TN 37066

GOODLETTSVILLE
201 Bluebird Drive
Goodlettsville, TN 37072

HENDERSONVILLE
190D Saundersville Road
Suite 2005
Hendersonville, TN 37075

HERMITAGE
5653 Frist Blvd
Suite 731
Hermitage, TN 37076

SPRINGFIELD
100 Northcrest Drive
Building 200, Suite 225
Springfield, TN 37172