ORTHOPAEDIC ASSOCIATES
OF CENTRAL TEXAS
Phone 512-244-0766
Fax 512-244-1013
www.oactdocs.com

AUSTIN BONE & JOINT CLINIC
Phone 512-477-6341
Fax 512-477-1148
www.abjortho.com

GAO
GREATER AUSTIN ORTHOPAEDICS
Phone 512-401-8400
Fax 512-441-6388
www.gaortho.com

PERMISSION FORM TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT

Orthopaedic Associates of Central Texas/Austin Bone & Joint Clinic must receive permission from a child's parent or legal guardian before providing treatment for an injury or illness that is non life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment.

NOTE:

- A parent/legal guardian ***must*** attend a minor's initial consultation with Orthopaedic Associates of Central Texas.
- Minors may not receive X-ray, CT, or MRI results without a parent/legal guardian present.

PATIENT NAME: _____

PATIENT DOB: _____ **TODAY'S DATE:** _____

_____ Please initial here if you are authorizing the minor to seek and consent to treatment without a parent or legal guardian present for follow up appointment care.

We/I acknowledge that we are responsible for any/all charges incurred in connection with any care and/or treatment rendered.

Please send the current **insurance card** and **copay** (if applicable) to each appointment with the minor child. Documentation may be requested by office staff for verification purposes of the parent/legal guardian.

If the visit is not covered by insurance a deposit of $125.00 is due at the time of service.

Name of Health Insurance Carrier: _____

Subscriber ID#: _____ Group#: _____

In case of emergency, I can be reached at:

Home Phone# _____ Work Phone # _____

Cell Phone# _____

Address: _____ City: _____ Zip: _____

_____ _____

Signature of Parent/Legal Guardian *Printed Name of Parent/Legal Guardian*

For Office Use Only

Documentation of Parent/Legal Guardian Received (check two forms of ID received)

- ☐ Drivers License Employee Initials: _____ Date: _____
- ☐ Insurance Card Employee Initials: _____ Date: _____
- ☐ Social Security Card Employee Initials: _____ Date: _____