



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

Holly DeBuys, M.D.
Board Certified Dermatologist
by the American Board of Dermatology

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Board Certified Dermatopathologist by the American Board of Medical Specialties

Date of Consent

Minor Consent Form

I authorize the minor patient to be seen by the doctor/provider without a legal guardian being at the office at time of appointment. If you have any questions I have included my name and contact number where I can be reached. I have also offered a copy of my Driver's License or other official picture Identification.

I, _____ (Print Parent/Guardian Name) have authorized the above statement and take full responsibility for any minor patient appointments.

Signature of Patient Guardian

Phone number

Minor Patient Name

Minor Patient Date of Birth