



Central Indiana Orthopedics, PC

MUNCIE
3600 West Bethel Avenue
Muncie, IN 47304
(765) 284-7738
Fax: (765) 284-4266
1-800-622-6575

ANDERSON
2610 Enterprise Dr.
Anderson, IN 46013
(765) 683-4400
Fax: (765) 642-7903
1-888-622-7255

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Patient Name _____

Date of Birth _____ Account # _____

Problem/Injury _____

I, the undersigned as legal guardian of the above mentioned patient, give my written permission for any and all medical treatment deemed necessary by the assigned physician at Central Indiana Orthopedics, PC.

By signing this consent, I also understand that I will be considered the responsible billing party and will be liable for any balances left outstanding on this account after appropriate insurance filing.

Signature of Parent/Legal Guardian

Date

Relationship to Patient

Authorized Adult Witness

Relation to Patient

Date

Name of person(s) authorized to accompany patient to their appointments

Relationship to Patient