

Women's Health Partners, LLC

Diplomates American Board of Obstetrics & Gynecology

MINOR PATIENT AUTHORIZATION FOR TREATMENT

AUTHORIZATION IS HEREBY GRANTED TO PROVIDER _____,
INCLUDING SUCH ASSISTANTS AS HE/SHE MAY DESIGNATE AND WOMEN'S HEALTH PARTNERS, LLC TO
PROVIDE MEDICAL CARE AND TREATMENT TO:

PRINT PATIENTS NAME

ACCOUNT #

SIGNATURE OF PERSON AUTHORIZED TO
CONSENT FOR PATIENT

RELATIONSHIP TO PATIENT

DATE

WITNESS (WHP REPRESENTATIVE)