

SUSSMAN OBGYN LLC / TLC WOMENS HEALTH

O1301 N Congress Ave Ste. 200 ♦ Boynton Beach, FL 33426 ♦ (561)742-3929 Fax (561)742-3931

O 7301-A W. Palmetto Park Rd. Suite# 200B ♦ Boca Raton, FL 33433 ♦(561) 394- 4473 Fax (561) 394- 5997

Date: _____

Patient Name: _____ DOB: _____

I, _____, as parent or legal guardian of
_____, Give my permission to the providers of
Sussman Obgyn / TLC Womens health LLC to examine & give medical treatment to my child on the date
of: _____.

I understand that my daughter may disclose to the doctor certain information pertinent to complete
gynecological exam, which she may not want discussed with her parents or guardian, although the doctors
encourage openness between parents, guardians and children, they will not reveal anything that she asks
be held in confidence.

Signature

Witness

**PLEASE SIGN THE SECOND PART: IF YOU WANT YOUR CHILD
TO COME IN ANOTHER DAY WITHOUT YOU.**

I also give permission to the providers of Sussman Obgyn LLC / TLC Womens Health to examine and give
medical treatment to _____ at any future dates.

Signature

Witness

We will also require a photo ID