



ORTHOPAEDIC ASSOCIATES
OF WAUSAU, S.C.
3200 Westhill Drive, Suite 201
Wausau WI 54401

Consent to Treat & Evaluate a Minor Patient

Following State law, a minor is defined as anyone under the age of 18 years.

Date _____

I, _____ give my consent to have my
(Parent or guardian name)

Child, _____ evaluated and/or treated by
(Child's name)

Orthopaedic Associates of Wausau, SC. Patient will / will not be accompanied by

(Individual and relationship to child)

Signed _____
(Parent or guardian)

If an Orthopaedic Associates staff member obtains Telephone consent, the staff member making the call must sign the following witness attestation.

Witnessed by _____
(Orthopaedic Associates employee witness to telephone consent)

Date _____

Time _____ AM / PM