



ORTHOPAEDIC ASSOCIATES  
OF WAUSAU  
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. 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