

Kristin N. Schmidt, MD, PLLC



Kristin N. Schmidt, MD, F.A.C.O.G
Kim D. Gustafson, ARNP
Mallory C. Barnett, NP-C

EXAMINATION OF MINOR CONSENT

I authorize and give consent to a physical examination on _____, a minor. I authorize Dr. Kristin N. Schmidt and such assistants as may be designated by her. I also authorize any treatment deemed advisable and necessary. This consent is valid for today and all visits.

Name: _____ Relationship: _____

Signature: _____ Witness: _____

Date: _____ Account # _____