

****Complete this form ONLY if the patient is a minor**

CONSENT TO TREATMENT OF A MINOR

Date: _____

Patient Name: _____ DOB: _____

*In my absence, I _____, authorize Lisa Sachdev, D.O., and the staff of Nova Wellness Center to evaluate and treat _____, a minor child, that in their judgment, the physician and/or her staff determine is advisable for my child's well-being. **My consent remains in effect until such time that it is revoked in writing.***

Please try to contact us regarding the healthcare of my child at the following number(s):

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Other: _____ Relationship: _____ Phone: _____

Parent or Guardian Name: _____

Relationship to Patient: _____

Parent or Guardian Signature: _____ Date: _____

Note: *If any special parental or custodial relationship exists (such as if the child has one parent only, or if legal custody is held by guardians in the absence of both parents), please explain the situation, along with your signature, printed name, and a contact phone number.*

Explanation:



Nova Wellness Center
CLINIC & MEDSPA

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

**Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018**

Assistance in filing a complaint is available by calling the following telephone number:

1-800-201-9353

For more information, please visit our website at

www.tmb.state.tx.us