



1187 Old Hickory Blvd.
Brentwood, TN 37027
615-377-7770 phone
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Consent to Treatment of a Minor

I, _____, hereby authorize Dr. Gregory P. Skye,
and whomever he may designate as his assistant, to administer treatment as he
deems necessary to _____.

Signed and dated in Brentwood, Tennessee, this _____ day of _____,
20____.

Signed _____

Relation to Minor _____

Witness _____