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Asheville Head, Neck and Ear Surgeons, P.A.

EAR SURGERY
 FACIAL SKIN CANCER
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 FACIAL PLASTIC SURGERY
 OTOLARYNGOLOGY
 ENDOSCOPIC SINUS SURGERY
 HEAD AND NECK SURGERY
 AUDIOLOGY AND HEARING AIDS

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, ask and allow
 Dr. _____ and his/her staff to do necessary health services for my child, even if I am
 not present.

Below is a list of people who are allowed to bring my child in for treatment:

 Signature of Parent or Guardian

 Date and Time

 Witness

 Date and Time

ASHEVILLE	EAST ASHEVILLE	BREVARD	HENDERSONVILLE	MARION
1065 Hendersonville Rd. Asheville, NC 28803 (828) 254-3517 FAX (828) 253-6960 1-800-228-3127	1000 Centre Park Dr. Asheville, NC 28805 (828) 254-3517	188 Medical Park Dr. 7-B Brevard, NC 28712 (828) 884-6702	709-D North Justice St. Hendersonville, NC 28791 (828) 698-2350	20 W. Medical Park Dr., Suite 2 Marion, NC 28752 (828) 652-9620