

Southern Oklahoma Podiatry Services, P.L.L.C.
Lloyd B. Landis, D.P.M. & Franklin D. Cooper, D.P.M.
2002 12th Avenue N.W. Suite F
Ardmore, OK 73401
580-223-0718
580-223-0719 (fax)

Parent/Guardian Consent for Medical Treatment

Name of Child _____ Date of Birth _____

Parent Guardian Name Phone

Caregiver Name Relationship

The above named person shall be authorized to bring my child to Southern Oklahoma Podiatry Services, P.L.L.C. for medical treatment in my absence. This consent includes:

- All Medical Treatment (injections, x-rays, office surgery, or any other procedure necessary.)
- Office Visit Only

I agree to be financially responsible for all services rendered in my absence. This authorization is valid until specifically cancelled by the primary/guardian.

****Caregiver must bring proper form/court appointed identification to the office.

Parent/Guardian Signature Date

Witness Signature Date