



OB/GYN Associates
of Lancaster, Inc.

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POLICY FOR THE TREATMENT OF MINORS

A minor is classified as a child under the age of eighteen.

If a minor is present in our office for care, the law requires written consent from the parent or legal guardian prior to rendering care. As part of regular routine patient care, the physician may need to order lab work, specimen cultures, pap smears, etc. to ensure that the patient is given proper, adequate care. By signing below, you give OB/GYN Associates permission to perform these tests tests/exams as suggested by the physician for the minor.

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I _____, give the doctors of OB/GYN Associates of Lancaster, INC. my permission to examine and treat _____

Name: _____

Relationship to patient _____

Date: _____