

Northwest Ohio Orthopedics & Sports Medicine, Inc.

Consent for Minor to Receive Treatment

I, the parent/guardian of	, give consent for my child to
receive the following types of medical services Medicine, Inc. ("NWO"):.	
	that could
include:	
☐ Imaging services: CT, MRI, Ultrasound	☐ Physical/Occupational Therapy/ DME
☐ Chiropractic Care	☐Pain Management
☐ A parent will be present for all visits	
I understand that this consent form will be good	until
Except to the extent that the law requires my understand that I will be entitled access to media to my child pursuant to this consent. I undersability of the NWO to provide medical services expressly permitted under Ohio law.	cal information concerning services provided tand that nothing in this consent affects the
I understand that I will be responsible for particle provided to my child pursuant to this consent, to in full by insurance or other third-party payor information regarding treatment to third party particle.	of the extent that such services are not covered or covering my child. NWO may release
Signature of Parent / Legal Guardian	Date
NOTARY PUBLIC SIGNATURE / STAMP /	SEAL REQUIRED
State of Ohio County of	
Subscribed and sworn to me this	_ day of 20
Signature:	