



M&M ORTHOPAEDICS

Extraordinary Outcomes

**THERAPY
Permission to Treat a Minor**

Patient's Name: _____

Chart Number: _____

The following signature authorizes M&M Therapy to treat the above named patient.

X _____
(Signature of Parent or Guardian)

X _____
(Print Full Name of Parent or Guardian)

Date: _____
(This signed form is valid for one year)