

The Medical Spa at Central Texas Dermatology

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Minor Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

I, _____, as the parent or legal guardian of
_____, will not be present with my minor child
for future office visits for reasons of my own personal convenience. My minor child
has my permission to come to the office of SkinCare Austin for
_____. I can be reached at telephone
number _____.

Signature of Parent/Guardian

Date

Witness