



Rockland Orthopedics & Sports Medicine, P.C.

Cheryl J. Rubin, M.D. *
Michael I. Resnick, M.D. *
Kenneth S. Austin, M.D. *
Neal H. Shuren, M.D. *+
Y. Zheng, M.D., M.S. †

William L. Davis, Jr., M.D. *
Michael D. Robinson, M.D. †Δ
Warren K. Slaten, M.D. †Δ
Steven A. Renzoni, M.D. *
Pierre Oscar, P.A.-C.

CONSENT FORM FOR MINORS

I being the parent, guardian, or custodian of _____, age _____, do hereby authorize, request and direct Dr. _____ to evaluate (including diagnostic tests) and treat said minor.

Date of Injury (if applicable) _____

Part of body involved or injured _____

SIGNATURE

DATE

* Diplomate, American Board of Orthopaedic Surgery
+ Certificate of Added Qualifications in Surgery of the Hand

† Diplomate, American Board of Physical Medicine & Rehabilitation
Δ Diplomate, American Board of Electrodiagnostic Medicine
Δ American Board of Medical Specialties Certified, Pain Medicine