

Lisa Sachdev, D.O.

Sachdev Wellness Clinic
Office 281-542-7800, Fax 281-542-7731

CONSENT TO TREATMENT OF A MINOR

Date: _____

Patient Name: _____ DOB: _____

*In my absence, I _____, authorize Lisa Sachdev, D.O. and staff to evaluate and treat _____, a minor child, that in her judgment, she (the physician) determines advisable for my child's well being. **My consent remains in effect until such time that it is revoked in writing.***

Please try to contact us regarding the healthcare of our child at the following number(s):

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Other: _____ Relationship: _____ Phone: _____

Note: If any special parental or custodial relationship exists (such as if the child has one parent only, or if legal custody is held by guardians in the absence of both parents), please explain the situation below, along with your signature, printed name, and a contact phone number.

Parent or Guardian Name: _____

Relationship to Patient: _____

Parent or Guardian Signature: _____ Date: _____

Explanation:

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation. Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353. For more information please visit www.tmb.state.tx.us

AVISO SOBRE LAS QUEJAS

Las quejas sobre médicos, así como sobre otros profesionales acreditados e inscritos en la Junta de Examinadores Médicos del Estado de Texas, incluyendo asistentes de médicos, practicantes de acupuntura y asistentes de cirugía. Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353. Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us