Prema Health 2305 SE 50th Ave, Suite 200 Portland, OR 97215 Premahealth.com

Informed Consent to Treat a Minor

I hereby authorize Prema Health and its practitioners to administer
treatment of my child in accordance with his/her treatment plan and within the
scope of each practitioner's license.

I understand I am fully responsible for all charges incurred whether or not covered by insurance or a non-custodial parent.

Patient's Name(Minor)		
Signature (Parent or Legal Guardian)	- Date	