

Pamela Bentley, PT, DPT, Cert. AIB-VR, Cert. DN  
Doctor of Physical Therapy ~ Licensed in Dry Needling

## Authorization and Consent to Treat a Minor

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Birthdate: \_\_\_\_\_

The undersigned does hereby authorize Pamela Bentley and Elevate Physical Therapy LLC consent to exam and treat the above mentioned minor without a Parent or Guardian present.

Parent or Guardian \_\_\_\_\_  
(print)

Patent or Guardian \_\_\_\_\_  
(signature)

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