

Peter D. Vizzi, M.D.
ORTHOPAEDIC SURGERY & SPORTS MEDICINE
A MEDICAL CORPORATION

1301 Camellia Blvd, Suite 102
Lafayette, Louisiana 70508

PHONE: 337-233-3201
FAX: 337-233-3207

MINOR PATIENT'S NAME: _____ DOB _____

It is the preference of Peter D. Vizzi MD, A Medical Corporation, that all minors being treated by our clinic have at least one parent/legal guardian present when the minor is seen for treatment in our office. However, we understand that schedules can sometimes make this difficult so our policy is as follows:

- **All minors under the age of 18 years must have at least one parent/legal guardian present at the time of their first appointment with our office. This includes any previously seen patients with a "new" problem.**
- All minors 16 and 17 years of age must have at least one parent/legal guardian accompany them to all follow-up appointments for their condition or problem **unless** they provide the practice with the following consent.
- All minors under the age of 16 must have at least one parent/legal guardian accompany them to all follow-up appointments **unless** the parent/legal guardian signs the consent below allowing a family/friend representative to accompany the minor.

Understand that if we do not have this consent we will NOT be able to provide care for a minor that does not have at least one legal guardian present.

Please circle your response by one of the following options:

YES NO N/A The Minor under my legal care is **16 to 17 years of age** and I give my consent for him/her to attend an un-accompanied appointment. In addition I give consent for medical care based on the criteria below.

YES NO N/A The Minor under my legal care is **under 16 years of age** and I give my consent for him/her to attend an appointment **accompanied by an adult representative at least 18 years of age with whom they present for care**. In addition I give consent for medical care based on the criteria below.

Medical Care for Current Condition:

The undersigned hereby authorizes Peter D. Vizzi MD, AMC, to provide ongoing medical treatment by any licensed physician or nurse practitioner (including support staff) through the State of Louisiana employed by Peter D. Vizzi MD, AMC, for my minor child, when such treatment is deemed necessary by such physician in conjunction with the current illness/injury or problem being treated by Peter D Vizzi MD, AMC.

Emergent Care – If arises while at Peter D. Vizzi MD, AMC

In addition, I hereby authorize Peter D. Vizzi MD, AMC to provide emergent care by any licensed physician or nurse practitioner (including support staff) for the above mentioned minor if I cannot be reached within a reasonable time, by reason of absence from the community or otherwise. Such consent may include, but is not limited to medical treatment, tests, x-ray examinations, injections or drugs and the performing of whatever procedures may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to permit the above-named child's physician to exercise his or her best judgment in providing emergent care that he or she may deem advisable.

Signature of parent/legal guardian

Date

This consent is good for the duration of care for an individualized problem/diagnosis. If a minor has been seen by a provider in our office previously for another condition this consent DOES NOT apply. A new one will be required. Thank you.