

## **DIMURO PAIN MANAGEMENT**

## **PATIENT NOTICE:**

- ➤ Please be advised that DiMuro Pain Management is required to keep patient medical records for minors until they reach the age of 23
- > Any adult patient medical records will be destroyed after at least 5 years.

## **CONSENT FOR THE TREATMENT OF A MINOR**

I hereby authorize DiMuro Pain Management, and whomever he/she designates as assistants, to administer treatment as deemed necessary to my:

□Son □Daughter:		
Parent/ Legal Guardian Signature	Date of Accident	
Parent/ Legal Guardian Printed Name	 Today's Date	
Witnessed By	Today's Date	
Emergency Contact:	Relationship:	
Phone #	Address:	