



3305 16TH AVENUE SE, SUITE 101, CONOVER, NC 28613 * PH: 828-994-4808 * FAX: 828-994-4809

CONSENT TO TREAT AT OFFSITE LOCATION

As parent/guardian of _____ I hereby grant permission to Creative Prosthetics and Orthotics to see my child at the organization(s)/location(s) listed below without my presence. I understand that my child will be accompanied by a staff member from the organization/location that he/she is being seen at during each visit with the practitioner from Creative Prosthetics and Orthotics. I understand that I may make changes to the organization(s)/location(s) listed below at any time by contacting Creative Prosthetics and Orthotics. I also understand that this consent is in effect on the date signed and has no expiration unless I contact Creative Prosthetics and Orthotics in writing to revoke it.

Organization/Location

Organization/Location Address & Phone Number

Parent/Guardian Printed Name

Parent/Guardian Signature

Date