

VAVA CLINIC
8855 Immokalee Road, Unit 3
Naples, FL 34120
(239) 331-8520 • Fax: (239) 331-8564

Consent for Treatment

I, _____, hereby authorize VAVA Clinic its facilities, its affiliated physicians and other medical personnel in charge of my care, to administer examinations, immunizations and treatments, as may be deemed medically necessary in the exercise of their professional judgment.

Signature of Patient

Date

Consent for Treatment of a Minor

I, the undersigned parent guardian of _____, hereby authorize VAVA Clinic its affiliated physicians and other medical personnel in charge of my child's care to administer examinations, immunizations and treatments, as may be deemed medically necessary in the exercise of their professional judgment.

Signature of Parent/Guardian

Date