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AUTHORIZATION FOR THE RELEASE OF INFORMATION

PLEASE READ CAREFULLY:

If the Patient is under 18 years of age, this *Authorization* may extend until the Patient's 18th birthday if dated until the Patient's 18th birthday.

If the Patient is over 18 years of age, this *Authorization for Release of Information* can only be written for a maximum period of one year only or specified dates written by the Patient.

I hereby authorize Family Weight and Wellness Clinic and Medi-spa to discuss medical information/results with:

Name

Relationship

Phone Number

I hereby release Family Weight and Wellness Clinic and Medi-spa, the Healthcare Providers and the employees from any liability resulting from following this *Authorization for Release of Information* request.

Signature of Patient

Date of Birth

Patient's Mailing Address

City

State

Zip code

Signature of Witness

Today's Date



MINOR CONSENT FORM **FOR MEDICAL TREATMENT**

As a parent or legal guardian of _____,
(Minor's Name)

I hereby authorize the Healthcare Providers of Family Weight and Wellness Clinic and Medi-spa to provide medical care including, without limitations, routine diagnostic procedures and medical treatment which is to include whatever procedures are deemed necessary by the Healthcare Providers as may be designated by the Family Weight and Wellness Clinic and Medi-spa Healthcare Provider for the care of my minor child for period of time he/she is considered a minor.

The minor similarly requests and authorizes the Family Weight and Wellness Clinic and Medi-spa Healthcare Providers to administer any medical care and/or treatment deemed necessary or advisable in their diagnosis and treatment.

It is understood that the practice of medicine is not an exact science and acknowledged that no warranty, guarantee, or assurance has been made by Family Weight and Wellness Clinic and Medi-spa as to the results of treatments or examinations, nor may any such warranty, guarantee, or assurance be otherwise obtained.

Parent or Legal Guardian's Signature

Date

Minor's Signature

Date

Witness's Signature

Date