

Cho Foot and Ankle Specialists, PLLC
Corporate Landing Medical Center
1232 Perimeter Parkway, Suite 102
Virginia Beach, VA 23454
Phone: (757) 427-7447
Fax: (757) 301-7145

Consent for Treatment of a Minor Child

I, _____, give Dr. _____ Cho permission to treat my minor child
_____, in my absence as I am unable to accompany him/her to
this appointment:

- _____ a. General Treatment of the foot and/or ankle
- _____ b. Xrays of the foot and/or ankle
- _____ c. Surgical Office Procedure(s)

I certify that I am the parent/guardian of the above said child.

Signature of Parent/Guardian

Emergency Contact Number

Date