

Agave Pediatrics

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Consent for Procedure

1. I, _____ authorize Dr. _____ and any associates or assistants the doctor deems appropriate, to perform:

- Umbilical Granuloma***
- Incision and Drainage (I&D)***
- Wart Removal***
- Toenail Removal***
- _____

2. **I confirm the following:** My physician has explained to me the nature, purpose and all possible consequences of the operation as well as the risks involved, the possibility of complications and the possible alternative methods of treatment. I understand the explanation I have received is not exhaustive and that other, more remote risks and complications may arise. I acknowledge that I have received neither guarantees nor assurances from anyone as to the results that may be obtained. ___ Parent Initials.

Print Child's Name

Print Name of Parent/Guardian

Parent/Guardian Signature

Date