



# CONSENT FORM

Date: \_\_\_\_\_

Chart#: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Person Accompanying Patient: \_\_\_\_\_

I give Memphis Orthopaedic Group permission to treat my child,  
\_\_\_\_\_, without my presence.

I am aware that he/she will bring any copay/deductible amount due at the time of the visit. By signing below, I agree and I acknowledge full financial responsibility for services rendered at Memphis Orthopaedic Group, a Division of MSK, Group, P.C.

Parent/Guardian Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## Our Physicians

- Dr. Riley Jones
- Dr. A.H. Manugian
- Dr. W. Harold Knight
- Dr. Mark Harriman
- Dr. Stephen M. Waggoner
- Dr. Marvin R. Leventhal
- Dr. Christian Fahey
- Dr. Christopher Ferguson
- Dr. Kenneth Grinspun
- Dr. Christopher M. Pokabla

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## ADMINISTRATION

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