

Lewis FAMILY MEDIC

13830 Sawyer Ranch Rd.
Dripping Springs, TX 78620
P: 512-301-6400 | F: 512-301-6401

Consent To Be Seen

I _____ the parent or legal guardian of _____
give consent for him/ her to be seen and treated by a provider without my presence at
Lewis Family Medicine & Urgent Care.

Printed Name

Relationship

Signature

Date