



Account #: \_\_\_\_\_

**Stella Mattina Health Inc.**

Phone: 214-942-3100 Fax: 469-399-0355

Locations: 1135 N Bishop Ave. Dallas, TX 75208 | 6300 Samuell Blvd, #154. Dallas, TX 75228  
| 901 N. Galloway Ave. Ste 107. Mesquite, TX. 75149 | 811 W Interstate 20 Ste 212. Arlington, TX 76017 |

**LEGAL TREATMENT MINOR CONSENT FORM**

(1). \_\_\_\_\_ is under the age of 18.

(Printed Minor / Patient Name)

OR

(2). \_\_\_\_\_ is an adult Legally deemed incompetent.

(Printed Minor / Patient Name)

OR

(3). \_\_\_\_\_ Qualifies for an exception according to current Texas State Law.

(Printed Minor / Patient Name)

It is my/our request that routine emergency medical or minor surgical evaluation and / or treatment be provided to the above-named patient in the event of my/our absence.

While attempts to contact me/us will be made, I/we fully understand that circumstances might prevent timely notification and consent for treatment, I/we agree to protect and hold harmless Stella Mattina Health Inc. PA from all civil or criminal liability which might arise in compliance with h is authorization for treatment.

\_\_\_\_\_  
(Parent/Guardian PRINTED Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Relationship to Patient)

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

\_\_\_\_\_  
(Stella Mattina Health Inc. Employee)