

CONSENT LETTER

FOR MEDICAL EXAMINATIONS AND/OR TREATMENT BY GUARDIAN OR CAREGIVER WHEN UNACCOMPANIED BY PARENT(S)

Name:..... ID/Passport No:.....

Mother Father Legal Guardian

for Date of
birth:.....

Son Daughter

I hereby permit Family Medical Practice's medical staff to render medical examination and treatment as may be required to my son/daughter in accordance with their professional discretion.

I have read this form and certify that I understand its contents.

Accordingly,

We/I hereby consent to ID/ Passport No:.....
(Name of Person)

who will be accompanying my child at Family Medical Practice during his/her medical examinations and/or treatment on the following date:/...../20.....

We/I acknowledge that we are/I am responsible for all reasonable charges in connection with care and treatment rendered during this consultation.

Signature: Date:
(Mother, Father or Legal Guardian)

In case of emergency I can be reached by mobile at
.....

Email.....

Diamond Plaza: 34 Le Duan Street, District 1, HCMC, Vietnam | T: 24hrs (84 28) 3822 7848 | F: (84 28) 3822 7859

District 2 Clinic: 95 Thao Dien Street, District 2, HCMC, Vietnam | T: (84 28) 3744 2000 | F: (84 28) 3744 6382

www.vietnammedicalpractice.com