

Dermatology Associates of Central Texas

Leo A. Conger, Jr., MD

James E. Pryor, MD

Joshua Embry, PA-C

Patty Hicks, PA-C

**1809 SW HK Dodgen Loop Suite 100
Temple, Texas 76502**

MINOR CONSENT

I, _____, hereby authorize Dermatology Associates of Central Texas to treat my minor dependant, _____ in my presence or unaccompanied.

Parent Signature _____ Date _____