



Consent Forms

Consent to Release Information to Specific Individuals

I, _____, consent to allow Via **OB/GYN** to release any information concerning my care, treatment and/or results to the following people. I understand that this consent will be valid until revoked in writing.

1. _____
2. _____
3. _____
4. _____
5. _____

I Was Referred By: _____

Referring Physician: _____

Address: _____

Phone Number: _____

Consent to Treat a Minor

I, _____, the parent or guardians, give **Via OB/GYN** permission to treat the following minor, _____.

I understand that this consent will be valid until revoked in writing.