

Medication Consent Form

Minor Patient: _____ DOB: _____

Practitioner: _Steven Kanfer, M.D. _____

Parent Executing This Consent: _____

In connection with the medical services that I am receiving from Steven Kanfer, M.D., P.A. and its medical staff, I, in accordance with Florida Statute 1014.06, hereby consent to Steven Kanfer, M.D. the above-named practitioner, and their respective agents to provide or arrange to provide health care services or prescribe medicinal drugs to the above minor child.

This consent is valid from the date executed until revoked in writing by the patient's parent or upon the patient obtaining their majority.

Signed: _____

Date: _____

Witness: _____
