



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

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Angela Yen Moore, M.D.
Board Certified Dermatologist by the American Board of Dermatology
Board Certified Dermatopathologist by the American Board of Medical Specialties

711 E. Lamar Blvd. Suite 200 • Arlington, Texas 76011

Date of Consent

Minor/Medical Power of Attorney (MPOA) Examination and Treatment Consent Form

I authorize the minor/MPOA patient listed below to be examined and treated by the doctor/provider at Arlington Center for Dermatology without a legal guardian/MPOA being present at the office at time of appointment.

I have included my name and contact number where I can be reached. I have also offered a copy of my Driver's License or other official picture identification. I have provided proof of MPOA to this office, if I have been appointed as the MPOA for the patient listed below. I agree to be responsible for any copay (or Prompt Pay Office charge for cash patients) incurred by such visit.

I, _____ (Print Parent/Guardian/MPOA Name) have authorized the above statement and take full responsibility for any minor/MPOA patient appointments.

This consent is effective until written notice negating this consent is given to the doctor/provider.

Signature of Patient Guardian/MPOA

Phone number

Patient Name

Patient Date of Birth

ADDITIONALLY, I (___DO ___DO NOT) authorize the purchase of recommended treatment procedures or products, not to exceed \$50.

Signature of Patient Guardian/MPOA