



**Advanced Dermatology & Dermatologic Surgery, P.C.**

**HYUN-SOO LEE, M.D., P.A.**

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**Parent's Authorization and Consent Form**

The undersigned, hereby authorized and give consent to **Dr. Hyun-Soo Lee / Dr. Diana Sun** to see my son/daughter \_\_\_\_\_ who is a minor, for medical evaluation and treatment on \_\_\_\_\_. Due to inevitable circumstances beyond my control, I cannot come together with my child for this visit.

The issuance of this authorization may be use for whatever legal purposes it may serve.

Print Name and signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_