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CONSENT TO TREATMENT OF MINOR

I (we) _____ being the parent(s) / guardian(s) of
_____, a minor child, the age of _____ do hereby consent,
authorize and request Dr. Michael N. Brown to administer any/all treatment deemed advisable,
necessary or requested on behalf of the above minor child.

Signed _____ Date ____/____/____
Parent / Guardian

WA DEA#: FB2086088 WA LIC#: MD60145396 CALIF DEA#: FB2125272 CALIF LIC#: A113124
NPI#: 1548405418 TAX ID#: 77-0120854