



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

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**Holly DeBuys, M.D.**  
Board Certified Dermatologist  
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**Kelly Lee, FNPC**  
Certified Nurse Practitioner

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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

\_\_\_\_\_  
Date of Consent

## Minor Consent Form

I authorize the minor patient to be seen by the doctor/provider without a legal guardian being at the office at time of appointment. If you have any questions 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, \_\_\_\_\_ (Print Parent/Guardian Name) have authorized the above statement and take full responsibility for any minor patient appointments.

\_\_\_\_\_  
Signature of Patient Guardian

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Minor Patient Name

\_\_\_\_\_  
Minor Patient Date of Birth