

## FEMALE TREATMENT AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize the physicians of North State Medical Group, PA to examine and treat my female child, \_\_\_\_\_, with the date of birth of \_\_\_\_\_. This authorization includes a pelvic examination, lab testing, medications, etc. if a Physician deems that they are necessary. Furthermore, I understand that this authorization will remain in effect until such is revoked in writing.

Parent/Guardian

Signature: \_\_\_\_\_

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