



1001 S Franklin  
Troy, AL 36081  
(334) 670-0927

## Consent for Treatment of a Minor

I hereby authorize Open Air MRI of Troy to administer MRI services to my child,

\_\_\_\_\_.

Dated at Open Air MRI of Troy on this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_