



Premier Women's Care

Beena Johnson, MD
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The Woodlands, TX 77380
281-825-4900

Treatment To Minors

Patient Name: _____ DOB: _____

Many times parents/guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you, at some time, be unable to accompany your child.

I hereby grant Dr. Beena Johnson permission to treat my child specifically for

_____ when
they arrive at the office unaccompanied.

_____ Date _____
Signature of Parent