

# 진료동의서

Registration No.		Date		Sex	
Name		Passport Number		Age	

South Korean Medical Law requires consent for medical, surgical, and psychiatric treatment of minors. In 365mc, MINORS ARE INDIVIDUALS UNDER 19 YEARS of age in Korean age. 365mc Hospital encourage you to accompany your child to his/her appointments. However, on those rare occasions when you cannot, we must have your consent to see and treat your child in your absence. Please complete this consent to the Medical Treatment and have your child bring it with him/her to the appointment or fax it to our office prior to the appointment that will take place \_\_\_\_\_.

## CONSENT TO MEDICAL TREATMENT

I, (name) \_\_\_\_\_, am the parent or legal guardian of the minor student above.

I hereby authorize 365mc to see and treat my son or daughter indicated above on the appointment date set forth above and consent to the performance of medical treatment for fat loss by 365mc for my son or daughter.

\*Further specific doctor's explanation will be provided through another sheet. Patient may request a copy of this signed consent.

\*In case patient has physical or mental difficulty in signing this consent, patient's legal guardian may act to sign this consent for patient.

Date: \_\_\_\_\_ (yy/mm/dd)

Patient or Parent/Legal Guardian (Patient's \_\_\_\_\_) : \_\_\_\_\_ (sign)

Address:

Phone:

Parent/Legal Guardian: \_\_\_\_\_ (sign)

Passport No.:

Address:

Phone: