



CONSENT TO TREAT A MINOR

I, _____ the parent or legal guardian of minor,
 _____ Authorize and consent to routine and emergency

Medical treatment when deemed necessary by qualified medical personnel.

This authorization will be in effect until revoked in writing by parent of legal guardian.

Signature of parent/Legal Guardian

Date

Corporate Office - Gainesville
 1250 Jesse Jewell Pkwy., Suite 400
 Gainesville, Georgia 30501
 Tel: 770-532-0800
 Fax: 770-532-0801

Braselton
 5769 Old Winder Hwy. (Hwy 211)
 Braselton, Georgia 30517
 Scheduled Opening: Spring 2008

Spout Springs
 7363 Spout Springs Road, Suite 115-135
 Flowery Branch, Georgia 30542
 Scheduled Opening: Spring 2008

Oakwood
 4239 Mundy Mill Road, Condo A, B, C
 Oakwood, Georgia 30566
 Scheduled Opening: End of 2008

Hours: Monday thru Saturday 9 am to 9 pm & Sunday 9 am to 5 pm