



PEABODY PODIATRY

Podiatrists - Foot Surgeons

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MINOR CONSET FORM

Date:

I authorize Dr. Paul Peicott/Dr. Matthew Capozzi to administer podiatric care to

(patient name)

(signature of legal guardian)

(relationship to patient)

PAUL PEICOTT, DPM, FACFAS

- FELLOW, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS
- DIPLOMATE, AMERICAN BOARD OF PODIATRIC SURGERY
- DIPLOMATE, AMERICAN BOARD OF PODIATRIC ORTHOPEDICS AND PRIMARY PODIATRIC MEDICINE

MATTHEW CAPOZZI DPM, AACFAS, CWS

- DIPLOMATE, AMERICAN ACADEMY OF WOUND MANAGEMENT
- ASSOCIATE, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS