## Minor Treatment Agreement

	Patient's Information	Name		Birthday		Gender	
		Contact Number					
	Legal	Nam	е	Birthday		Gender	
	Representativ	Conta Numb				Relationsh	ip
Treatment Date				Year	Month	Da	ay
Treatment Details							
The above legal representative is							
given full explanation of the side effects and precautions by Muse Clinic,							
and agree to perform the treatment for,							
I will not dispute the above statement.,							
The legal responsibility arising from the falsification information provided by legal representative							
shall lie with the above legal representative.							
	Date of s	signing this	agreement :	Υe	ear M	onth	Day
	Patient :						(Signature)
Legal Representative : (Signat							(Signature)