



Consent Form for Minor

Date: (/ /)

I hereby acknowledge that I have received a full explanation regarding the medical treatment provided by Lively Clinic, including the details of the procedure, its purpose, expected effects, possible risks and side effects, and post-treatment care. Having fully understood the above, I hereby give my consent for the minor named below to undergo the treatment.

Patient Information (Minor)

Applicant / Patient Name:

Date of Birth: Year ____ Month ____ Day ____

Age: ____ years old

Address:

Phone Number:

Treatment Name:

Guardian Information

Guardian Name:

Signature:

Relationship to the Patient:

If the guardian's address or phone number differs from that of the patient, please fill in the following fields.

Address :

Phone Number:

Contact Information

Lively Clinic (Lively Clinic)

Phone: 03-6809-1297

Address:

2-25-5 Hamamatsucho, Minato-ku, Tokyo 105-0013

SVAX Hamamatsucho Building 5F

Director: Dr. Masao Hayashi