



**Orthopaedic
Sports Medicine**
at Cypress

Duane A. Murphy, M.D.
Emeritus

Tarun Bhargava, M.D.
*MIS Anterior Hip
Reconstruction, Hip
Resurfacing, Total and
Partial Knee Reconstruction*

Bradley W. Bruner, M.D.
*Arthroscopic Knee
Surgery and
Sports Medicine*

Phillip F. Hagan, M.D.
*Arthroscopic Knee Surgery,
Shoulder Surgery,
and Sports Medicine*

James Joseph Jr., M.D.
*Total Joint
Reconstruction
of Knees and Hips*

Michael Easter, PA-C

Greg Knoblauch, PA-C

Peter Vang, PA

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CONSENT TO TREATMENT AND CARE OF MINORS

Patient's Name: _____ **Chart Number:** _____
(Please Print) (For Office Use Only)

In my absence, I, _____ hereby give consent to
(Parent/Legal Guardian)
_____ to accompany _____
(Person accompanying minor) (Name of Minor)

to Orthopaedic & Sports Medicine at Cypress for his/her appointment, including emergency treatment by other health care providers affiliated with **Orthopaedic & Sports Medicine at Cypress.**

Signature of Parent/Legal Guardian

Date

EMERGENCY PHONE NUMBERS

Mother: _____ **Home:** _____
(Please Print)

Work: _____
Cell: _____

Father: _____ **Home:** _____
(Please Print)

Work: _____
Cell: _____

Legal Guardian: _____ **Home:** _____
(Please Print)

Work: _____
Cell: _____