



**Pediatrics &
Urgent Care**

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Procedure Consent Form

Patient's Name: _____ DOB: _____ Age: _____

Procedure(s): _____

I consent to the medical procedure(s) noted above. The risks and benefits of the procedure(s) have been explained to me and I was given the chance to ask questions, I was given detailed explanations and I understand the information provided. I authorize and consent that the procedure(s) listed above be performed on me or on the person named above for whom I am authorized to make this request.

I have read, understand, and agree with the above. If the patient is a minor, then the undersigned certifies to Pediatrics & Urgent Care, under penalty of perjury that the undersigned is the parent or legal guardian of the minor patient named above.

Signature: _____ Date ___/___/___

Name: _____ Relationship to patient: _____