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1300 Avenida Vista Hermosa Suite 150, San Clemente, CA. 92673
15785 Laguna Canyon Road, Suite 330, Irvine, CA. 92618

CONSENT FOR TREATMENT OF A MINOR

Date: _____

Patient Name: _____

Patient Account Number: _____

I hereby authorize Orange Coast Women's Medical Group, Inc. to examine and treat
_____.

This authorization is made under Family Code 6910.

Signed: _____

Date: _____

Print Name: _____

Please specify relationship to minor:

_____ Parent with legal custody

_____ Guardian with legal custody