



107 N Maclay Ave, San Fernando, CA 91340  
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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 San Fernando 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: \_\_\_\_\_