

GLENDALE PEDIATRICS

A PROFESSIONAL CORPORATION
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CONSENT FOR TREATMENT

I hereby authorize the physicians of Glendale Pediatrics and their designees to provide medical treatment

as deemed necessary to my minor child: _____
Name

Date of Birth: _____

Consent is hereby granted by: _____
Signature

Print Name: _____

Relationship to Patient: _____ Date: __/__/__

This authorization shall remain in effect until revoked in writing.