

Jeffrey F. Klein, M.D., F.A.A.F.P.

A MEDICAL CORPORATION

Diplomate, American Board of Family Practice

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Consent for Treatment of a Minor

I, the undersigned parent or legal guardian of the below listed minor, do hereby authorize Jeffrey F. Klein, M.D. and his staff to perform any x-ray examination, anesthetic, medical, or surgical care or treatment, which is deemed advisable, in the office or hospital. This consent shall remain in effect until legal age, unless revoked in writing.

Name of minor: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Today's Date: _____

Witness: _____