

Na'Imah D. Powell, M.D.

Total Care Family Medical Center of Lake Elsinore, Inc.

Main Office
425 Diamond Drive, Suite 105
Lake Elsinore, CA 92530
(951) 674-8779 Fax: (951) 674-1403

Murrieta Office
24703 Monroe Avenue
Murrieta, CA 92562
(951) 698-1168 Fax (951) 698-0768

CONSENT TO TREAT MINOR

Patient's Name: _____

Date of Birth: _____

I hereby authorize the following person(s) to seek treatment for my minor child as indicated on his/her examination form, including the use of anesthetics, x-rays or any testing that may be deemed necessary by the Doctor.

- | | | |
|----|-------|--------------|
| 1. | _____ | _____ |
| | Name | Relationship |
| 2. | _____ | _____ |
| | Name | Relationship |
| 3. | _____ | _____ |
| | Name | Relationship |
| 4. | _____ | _____ |
| | Name | Relationship |

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____