



Orange County Diagnostics  
Offices: Mission Viejo, Ladera Ranch and Laguna Woods

Office Use Only MRN _____
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**CONSENT  
for ADMINISTRATION OF  
Diagnostics Exams on your Son/Daughter**

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

To Whom It May Concern;

Your son/daughter's physician \_\_\_\_\_ has decided that it is medically necessary to perform the following examination on your son/daughter.

Physician order: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

I \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ give Orange County Diagnostics my consent to have the above examination performed.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

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