



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

Office Use Only MRN _____

**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: __/__/____

<i>24301 Paseo De Valencia Suite 100 Laguna Woods, CA 92637 949-859-0400 Phone 949-859-0414 Fax</i>	<i>600 Corporate Drive , Suite 110 Ladera Ranch, CA 92694 949-364-5716 Phone 949-364-5777 Fax</i>	<i>27725 Santa Margarita Parkway, #101 Mission Viejo, CA 92691 949-462-3999 Phone 949-462-3777 Fax</i>
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