



Dr. Jyotin K Patel M.D., Inc.
30110 Crown Valley, Suite 101, Laguna Niguel, CA 92677
Tel: 949-363-5322

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent(s)/guardian(s) to:
Minor, do hereby authorize Dr. Jyotin K Patel M.D. Inc., as agent for the undersigned to
consent and authorize to any examination, treatment including giving vaccinations and
injections, which is deemed advisable and is to be rendered at the office.

The authorization is given pursuant to the provision of Section 25.8 of the Civil Code
Of California.

Parent or Guardian (Print)

Parent or Guardian (Signature)

Witness

Date