



Usborne Family Medicine, Inc.

Paul Usborne, MD
256 W. San Bernardino Road
Covina, CA 91723
(626) 938-1080
(626) 938-1087 Fax

Consent to Treat of Minor

I _____ hereby authorize Usborne Family Medicine, Inc., to evaluate and treat
(name of guardian)

(Name of Minor)

Relationship to patient (Minor): _____.

Authorized Signature: _____.

Dated this ____ day of _____, 20__.