

GENERAL CONSENT

I hereby consent and request diagnostic procedures including X-rays, blood tests, medical treatment, including immunizations and treatment deemed advisable by the professional staff of Southern California Center for Neuroscience and Spine. I acknowledge that I have read this consent form and understand its contents. I have had an opportunity to discuss it, and any questions I had have been answered to my complete satisfaction.

Witness

Patient's Signature

Date

Parent's or Legal Guardian's Signature

CONSENTIMIENTO GENERAL

Por este medio solicito y doy autorización para procedimientos de diagnóstico incluyendo radiografías, análisis de sangre inclusive vacunas y tratamiento médico que el personal de Southern California Center for Neuroscience and Spine consideren aconsejables. Reconozco que tuve la oportunidad de leer este formulario y entiendo su contenido. Se me dio la oportunidad de hablar sobre esto se me contestaron a mi entera satisfacción todas las preguntas que hice.

Testigo

Firma del paciente

Fecha

Firma del padre, tutor o paciente