



Comprehensive Diagnostic Imaging & Radiology

CONSENT TO AND DIRECTION FOR TREATMENT OF A MINOR

TO: Hartsdale Imaging and the physicians and medical staff thereof.

RE: _____, a minor.

Date of Birth _____ Medical Record No. _____

I (We), being the parent(s) or guardian(s), entitled to the care, custody, and control of the aforesaid minor, do hereby authorize, request and direct you and each of you to render such treatment to said minor as in your judgment is advisable.

This consent will be in effect until it is terminated by written notice received by Hartsdale Imaging at the office location where the original consent has been filed.

(Signature)

(Specify Relationship)

(Signature)

(Specify Relationship)

Dated: _____