GENERAL CONSENT

I hereby request and consent to diagnostic procedures, including x-rays, blood tests, medical treatments, including immunizations, and dental treatments deemed advisable by the professional staff of: _ _____

I acknowledge that I have 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 Signature

_____ _____

Date Parent/Legal Guardian's Signature

CONSENTIMIENTO GENERAL

Por este media hago peticion y el consentimiento para los procedimientos de diagnostico, como radiograffas, analisis de sangre, tratamientos medicos, incluyendo vacunas y tratamientos dentales que se consideran aconsejables por el personal profesional de: _____

Reconozco que tengo este formulario de consentimiento y entiendo su contenido. He tenido la oportunidad de discutir de ello y todas las preguntas que ten,a han sido contestadas a mi entera satisfaccion.

_____ _____

Testigo Firma del paciente

_____ _____

Fecha Firma del Padre / Guardian Legal