

**LAGUNA BEACH OBSTETRICS & GYNECOLOGY**

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**Board Certified Obstetrician & Gynecologist**

**MINOR CONSENT FORM**

This letter grants permission for Kenneth A. James, M.D. to provide medical treatment for \_\_\_\_\_, a minor child. I understand that I am  
Patient Name

financially responsible for the services provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Minor