Shahla Heshmati, M.D. Inc.
Pediatric & Adolescent Medicine
15785 Laguna Canyon Rd, Suite 250
Irvine, CA 92618-3179
Office: 949-726-1100
Fax: 949-726-0774

Providing personal care to your children

CONSENT FOR CARE, TREATMENT, & IMMUNIZATION

I hereby give permission to ______________________ to bring my child, listed below, to Shahla Heshmati, M.D., Inc's office, and I hereby agree to all evaluations, tests, treatment, and immunizations deemed necessary by Shahla Heshmati, M.D. Inc.

Signature:__________________________________ Date: _____________

Print Name: ________________________________

Please indicate Relationship to child:

☐ Parent

☐ Guardian

Name of child: _____________________________________