Associates in Family Medicine
M. Michelle Hamidi, MD
5222 Balboa Ave Suite #31
San Diego, CA 92117
Phone (858) 565-6394 Fax (858) 565-6471

Medical Procedures for Minors

I, _____, parent/legal guardian of _____,

whose date of birth is: _____ / _____ / _____ hereby allow my child to be seen by Dr Michelle Hamidi and associates.

I acknowledge that in said absence, Dr Michelle Hamidi and associates will not perform any invasive procedures and

this may cause a delay in treatment. Furthermore, I hereby allow the following procedures to be performed in my absense:

(*Please mark all that apply*)

- ☐ Strep Test
- ☐ X-Ray
- ☐ Breathing Treatment/ Nebulizer
- ☐ Ear Exam
- ☐ Ear Flush

_____ _____

Parent/Legal Guardian Signature Date