Newport Harbor Cardiology
601 Dover Drive, Suite 2, Newport Beach, CA 92663

Consent to Treat Patient

I _____ DOB__/__/__, do hereby authorize and consent to any EKG, electrocardiogram examinations, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician of Newport Harbor Cardiology, Inc., licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I (we) acknowledge that it is my (our) responsibility to immediately Newport Harbor Cardiology, Inc. of any changed to the above information.

_____ ___/___/___ _____
Signature Date Relationship to Patient