



3101 Lake Street, Suite 102  
Lake Charles, LA 70601  
Ph: (337) 562-0646

## CONSENT FOR TREATMENT OF A MINOR

I hereby authorize Open Air MRI of Lake Charles to administer MRI services to my child, \_\_\_\_\_.

Dated at Open Air MRI of Lake Charles on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Day Month Year

\_\_\_\_\_  
Signature: Parent / Guardian

\_\_\_\_\_  
Witness