### Patient Information:

- **Name:**
- **Relationship:**
- **Phone #:**
- **Fax #:**
- **Email :**

### Patient’s Legal Representative:

- **Name:**
- **Relationship:**
- **Phone #:**
- **Fax #:**
- **Email :**

**Has the legal representative been made aware of the procedure?**
- **Yes**
- **No**

**Will the Legal Representative Be Present?**
- **On the Day of the Preop Exam:**
- **On the Day of the Surgery:**

**Additional Information / Comments:**

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**PLEASE FAX PATIENT’S LEGAL REPRESENTATIVE INFORMATION TO:** (626)-397-3592

Revised 10/16/2017