

Treatment (non List A – non List B)

Your Letterhead

Consent for Office Procedures

I, _____ authorize and direct _____, M.D.
(patient's name) *(name of physician)*

to perform upon me _____ and /or any other treatment
(name of procedure)
he/she may, in their judgment, determine advisable for my well being.

The nature and purpose of the procedure, possible alternative methods of treatment and the risks and complications involved including the following:

Have been fully explained to me. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the outcome of the procedures and/or treatments.

Witness _____ Patient's Signature _____

Date _____ Date _____

If patient is a minor or unable to sign:

Witness _____
(Signature)

Date _____
(Relationship)