

GENERAL CONSENT FORM

I desire to be treated by Lifedoc Health and its employees and others involved in my care in ways they judge beneficial to me.

I understand that my care will be under the management of Lifedoc Health Provider teams (including but not limited to Physicians, Nurse Practitioners, Physician Assistants, Pharmacists, Optometrists, etc). I understand that my care be provided by Lifedoc Health, which operates supervised training programs.

I understand that I have the right to:

- Ask questions and to receive information about my care and treatment, and
- Withdraw my consent to treatment, immunizations, or tests.

I consent to any services rendered to me or my dependents under general or specific doctor's orders. I consent to:

- X-rays,
- Examination,
- Blood test,
- Laboratory procedures,
- Medications, and
- Other services to treatments to include dental extractions

Rendered or ordered by my health care provider, or rendered by Lifedoc Health's employees, contractors, etc under the instruction, orders, or direction of such provider.

I authorized payment of health care benefits to Lifedoc Health. In addition, I accept personal responsibility for payment of charges for services rendered to me.

I authorize the release of medical or other information needed to process this or any related claim.

I understand that my care in under the management of my attending provider and that Lifedoc Health is not liable for any acts or omissions in following my health care provider's orders.

I understand that no guarantee has been made as a result of care.

Patient's Name

Patients Signature

Parent/ Legal Gaurdian Name

Parent/Legal Gaurdian Signature

Relationship to Patient (If other than self)

Date: _____ / _____ / _____