

CONSENT FOR TREATMENT/PROCEDURE

I, _____, authorize and direct Gullapalli K. Rao, MD, Robert E. Harvey, MD, Beverly Haliburton, APRN, FNP and/or Susan Hall, PA-C to provide quality care and treatment. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made as to the outcome of treatment.

I grant consent without duress, confusion, or pressure from the provider and his/her staff, associates or colleagues.

Patient Signature/Date

Parent/Guardian Signature (if patient is a minor)/Date