



Patient's name: _____

GENERAL CONSENT FOR TREATMENT

- I understand that my agreement to accept medical services and/or willingness to undergo any recommended procedure by a physician at this office is commonly referred to as a General Consent and applies to any routine procedure(s), physical examination, administration of medication(s), Colonoscopy, Endoscopy, local anesthesia, and other non-invasive procedures.

Signature of Patient or Parent/Legal Guardian of Minor Patient	Date	Time

If the patient is unable to provide consent for him/herself, the signature of either his/her designated health care agent, his/her legal guardian who is acting on behalf of the patient, or the patient's surrogate who is consenting to the treatment for the patient, must be obtained and signature entered below.

Signature of Health Care Agent/Legal Guardian (Place a copy of the authorizing document in the medical record)	Date	Time

Signature and Relation of Surrogate	Date	Time