

Full Name: \_\_\_\_\_



**CONSENT FOR TREATMENT**

I, \_\_\_\_\_, am voluntarily seeking healthcare and hereby consent to medical treatment, laboratory tests and other healthcare service. I understand that I have the right to refuse specific treatments or procedures. However, by signing below, I agree in general, to permit laboratory and diagnostic tests, routine medical treatment (for example, medications, injections, drawing blood for tests, counseling, screening tests, health education and other diagnostic procedures), emergency procedures as necessary, and hospital services performed at the request of the attending physician or other physicians assisting in my care. The consent given shall be valid and binding and the physician can rely on this authorization and accept any consent given by the patient until such time as physician receives written notice that the authorization is revoked.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient/ Legal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date