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Authorization for Treatment

Medical care is a patient care service provided in response to a wide range of medical care needs of all ages regardless of gender, color, race, creed, national origin or disability, five days a week.

The purpose of medical care is:

- To treat disease, injury and disability by examination, testing, and use of procedures, in the aid of diagnosis and treatment.
- To obtain information needed in diagnosing and examining patients.
- To prevent or minimize residual physical and mental disability.
- To aid patients in achieving their maximum potential within their capabilities.
- To accelerate convalescence and reduce the length of the functional recovery.

All procedures will be thoroughly explained to you before they are performed. You should stop any procedure before you experience any increase in your current level of pain or discomfort.

Based on this information, I agree to cooperate fully, to participate in all medical care procedures, and to comply with the plan of care as it is established. I hereby consent to the services of a physician for my health care needs.

I acknowledge that I have read and received copies of the Authorization for Treatment and Patient's Rights and Responsibilities.

Patient Name (please print)

Social Security Number

Signature of Patient or Personal Representative

Date