



**PARRAPEDIATRICS**

healthcare with love

### **General Consent For Treatment**

I, knowing that I have a medical condition or physical check-up requiring diagnostic, medical or surgical treatment; do hereby voluntarily consent to such procedures, care, medical, surgical and other services under the general and specific instructions of Dr. \_\_\_\_\_, his/her assistant or his/her designee as is necessary in her judgement.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatment or examination by Dr. \_\_\_\_\_.

\_\_\_\_\_  
Patient Signature/ Legal Guardian / Personal Representative

\_\_\_\_\_  
Date