Pache Health Services LLC DBA Skip the Line
Phone: 448-220-6053
Fax: 224-246-8721
Address: 3295 Crawfordville Hwy, Suite 11
Crawfordville, FL 32327
Web: skipthelineclinic.com

FL Autonomous APRN Disclosure

Under FL Statues, we are required to provide information in writing to a new patient about the nurse practitioner's qualifications and the nature of autonomous practice before or during the initial patient encounter. Amanda Pache MSN, APRN, FNP-C is a certified Family Nurse Practitioner practicing autonomously in Florida. I am qualified to diagnose and treat a range of common medical conditions, including [common illnesses, injuries, women's health, men' health, pediatric health, chronic illness, mental health]. I can also prescribe, administer, and dispense medications within my scope of practice. While I practice independently, you have the right to seek a second opinion from a physician at any time.

General Consent

I hereby authorize medical evaluation, diagnosis, physical examination, laboratory testing, counseling, and treatment or procedures at Pache Health Services DBA Skip the Line Clinic. Skip the Line Clinic's scope of services includes some of the following: sports, school, administrative, and DOT physicals, Men's Health, Women's Health, diagnosis, treatment, and prescribing medications (when indicated) for common non-emergent illnesses such as bacterial infections of skin, respiratory tract, ear, nose/sinus, eye, bladder, routine labs and testing including phlebotomy services. Risks associated with having blood drawn may include the development of a hematoma at the site of venipuncture. This risk is minimized with good venipuncture technique and by maintaining appropriate pressure for an adequate period of time at the site of the venipuncture. A drop in blood pressure may occur during venipuncture which could result in dizziness or fainting. It is important that you notify the provider if you have a history of any adverse symptoms to having blood drawn and if you feel any adverse symptoms at all during the procedure so that the venipuncture can be immediately stopped and appropriate action taken.

You are responsible for paying for services at the time they are provided. At this time, we do not accept any insurance coverage, and all our services are offered on a self-pay basis.

By applying your signature, I am confirming that I understand and consent to the treatment that I will receive.

Printed Name:_____

Signature:_____Date:_____