Assisted Living On-Site Care

Adult Authorization / Consent for Medical Treatment

I,_____, hereby voluntarily consent to the rendering of such care, to include diagnostic procedures, surgical, and medical treatment by authorized members of the practice staff or their designees, as deemed necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of my condition. I have read this form and certify that I understand its contents.

I hereby give my consent to Bowen Primary & Urgent Care (BPUC), until written notice has been given to Bowen Primary & Urgent care (BPUC) revoking this agreement, to arrange for routine and/or emergency medical care and treatment necessary to preserve my health.

I hereby give my consent to Bowen Primary & Urgent Care (BPUC) to draw any labs and process them through the laboratory of their choice.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Signature of Patient / Legal Guardian:_____Date: _____

Printed Name of Legal Guardian (if applicable): _____

Legal Guardian Address (if applicable): _____

Legal Guardian Phone (if applicable): _____

Signature of Witness:_____Date: _____

VERBAL CONSENT RECEIVED FROM: _____

VERBAL CONSENT RECEIVED BY: _____

DATE OF VERBAL CONSENT: _____

BPUC
PO Box 2268
Hickory, NC 28603
(828) 855-1192 (O)
(828) 358-0832 (F)

www.bowenmd.com

For additional copies of this form, please visit www.bowenmd.com/Signing-up