



### 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 Bowen Primary & Urgent Care (BPUC) is an Accountable Care Organization (ACO), that works together with Medicare to provide its patients with more coordinated care and services.

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)**  
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*For additional copies of this form, please visit [www.bowenmd.com/Signing-up](http://www.bowenmd.com/Signing-up)*