Pasadena Podiatry Group, A.P.C
FOOT DOCTOR USA
Joseph T. Ferrante, D.P.M.
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PODIATRIC CARE AND TREATMENT ACKNOWLEDGEMENT

Patient Name: _____

By signing this document, I also expressly consent to Dr. Ferrante providing me with podiatric care and treatment, including, to the extent applicable, performing a podiatric physical examination.

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE OF PARENT/GUARDIAN IF PATIENT IS MINOR OR UNABLE TO SIGN RELATIONSHIP TO PATIENT

OFFICE USE ONLY

DATE:	INITIALS:	REASON:

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below: