

Medical Consent Form



Patient Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City/State/Zip: _____
- Phone Number: _____
- Email Address: _____

Consent for Treatment:

I, _____ hereby consent to the medical treatment by The Massari Clinic. This consent includes, but is not limited to, evaluation, and any necessary treatment as deemed appropriate by The Massari Clinic.

Consent Details:

- This granting of authority will be effective on _____.
- I agree that this is informed consent, given freely and with certain knowledge of its purpose, to provide natural medical care.

Signature:

I have read this consent form in its entirety and agree and understand its contents.

- Signature: _____
- Date: _____