CREEDMOOR CENTRE ENDOCRINOLOGY
WHERE IT ALL COMES TOGETHER

Consent to Treat

I am a new patient at Creedmoor Centre Endocrinology, P.A. By signing this form, I consent to be treated by the providers of this practice.

My doctor needs more medical facts about my health. I, _____, ask for and allow Dr. Warren-Ulanch and staff to give me the needed medical treatment and services that he or she recommended.

I understand treatment and services may include:

- lab tests,
- screening tests (tests that can find an illness early, before a person shows signs of having the disease),
- diagnostic tests (tests that shows if a person has a certain illness or health problem), and
- routine exams.

I understand that no promises have been made to me about the results of any treatment or services.

_____ _____

Signature of Patient or Responsible Party Date and Time

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Consent for treatment of a minor child:

I, being the parent or legal guardian of _____, ask and allow Creedmoor Centre Endocrinology, P.A. to do necessary health services for my child, even if I am not present.

Below is a list of people who are allowed to bring my child in for treatment:

_____ _____

_____ _____

_____ _____

_____

Signature of Patient or Responsible Party Date and Time

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Consent for use of email:

By signing this form, I hereby grant permission for Creedmoor Centre Endocrinology, P.A. to contact me via email at the address provided. Please be case sensitive. This email address will not be shared with any other entity.

Email Address: _____

_____ _____

Signature of Patient or Responsible Party Date and Time