

JEFFERSON COUNTY OUT PATIENT CLINICS

CONSENT FOR TREATMENT

The undersigned consents to an x-ray or laboratory examinations and medical treatment rendered the patient by physicians, and by designated clinic personnel, including registered nurses, licensed vocational nurses, nurses' aides, technicians, pharmacists, diabetic health educators, and any other persons who are not licensed physicians but who are deemed by the physicians to be trained to assist under general and special instructions provided by them. I further understand that I may revoke this authorization at any time.

PATIENT'S NAME: _____

SIGNED: _____ DATE: _____

RELATION TO PATIENT: _____

WITNESS: _____ DATE: _____