



## General Consent to Treat

I, hereby consent to the following:

- ⟨ Administration and performance of general treatments
- ⟨ Use of prescribed medications
- ⟨ Performance of diagnostic procedures/tests and cultures
- ⟨ Performance of other medically accepted laboratory tests that may be considered necessary or advisable based on the judgment of my physician.

I fully understand that this consent is given in advance of any specific diagnosis or treatment.

I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended.

The consent will remain in full force until revoked in writing.

A photocopy of this consent shall be considered as valid as the original.

\_\_\_\_\_  
Signature of Patient /Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Responsible Party (please print)

\_\_\_\_\_  
Relationship to Patient