

Macomb Medical Clinic, P.C.

Consent for Medical Treatment

English Version:

Macomb Medical Clinic, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Spanish Version:

Macomb Medical Clinic, P.C. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

I, _____, hereby voluntarily consent to the rendering of
(Please **PRINT** your name)

such care, including diagnostic, surgical and medical treatment, by medical doctors, or their authorized designees, in their professional judgement be necessary to provide for the medical, surgical or emergency care.

I hereby give permission to the caregiver to provide first aid and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf, I authorize the caregiver to request, obtain, review and inspect any and all information upon my health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my health and that I am responsible for all reasonable charges in connection with the care and treatment rendered to me during this period.

This consent is effective as of the signed date for two (2) years, unless revoked by me, Macomb medical Clinic, or designated caregiver.

_____/_____/_____
Signature of Patient **Date**

Allergies:

Medications:

