

Informed Consent



Patient Name: _____ Date: _____

I, _____ am consenting to treatment by the Physicians, allied health professionals, and staff at Dr. G's Urgent Care. I consent to the taking of blood tests and performance of any procedures deemed necessary in the course of my work-up and diagnosis, whether or not related to presently known conditions, if my medical attendants find these necessary or advisable during the course of evaluation or treatment and for management of any complications that arise or otherwise.

I have fully and completely disclosed my medical history, including allergies, blood conditions, prior medications or drugs taken, and reactions I have had to anesthetics, medications, or drugs.

I consent to the administration of such drugs, medications or anesthetics as may be deemed necessary or advisable by the physicians or allied health professional and associates. I understand that medications may not eliminate all of my symptoms and that medications or treatments given may cause severe reactions or even shock, and that no guarantees to the contrary have been made to me. I understand that medications or treatments may render me unconscious and may, in a small number of cases, cause bodily reactions or complications, requiring additional measures and treatment, which I request and to which I consent.

I realize there are inherent risks of minor and major complications in any procedures including pain, infection, and worsening of symptoms.

I understand that any questions I have will be answered by my physician, allied health provider or nursing staff and I will ask such questions before leaving the facility.

I agree to make no claims against the physicians, allied health providers, staff or Dr. G's Urgent Care for complications which may occur, except in the event of gross negligence on their part. If I should make any unwarranted claims, I agree to be responsible for the payment of all costs and attorneys' fees incurred by the physician, providers, and/or office staff and to post bond in advance of such sums.

I further understand that the medical practice of the providers is to be judged according to those standards reasonably acceptable to other similarly experienced physicians practicing in similar facilities in the United States.

I further state that all blanks in the above consent form have been completed to my satisfaction before I signed this consent.

I will follow instructions given to me by the providers at Dr. G's Urgent Care and will take responsibility for any outcomes that occur due to my not following the instructions and will hold Dr. G's Urgent Care and staff harmless for any poor outcome due to my not following the instructions and advice given by the providers.

I certify that I have read and fully understand the above informed consent, and that I agree in light of that consent to treatment at Dr. G's Urgent Care.

Signature of Patient/Legal Guardian

Date