



1800 S. Renaissance Blvd. Ste. 210
Edmond, OK 73013
(O) 405-509-7370
(F) 405-509-7373

PATIENT CONSENT FOR TREATMENT

I, the undersigned, hereby consent to Treatment by physicians and staff of Zeiders Orthopedics, including the following treatments and services:

- Administration and performance of examination, diagnosis and treatment
- Administration of any needed anesthetics
- Performance of such procedures as may be deemed necessary or advisable in my treatment (or treatment of this patient)
- Use of prescribed medication(s)
- Performance of diagnostic procedures/tests, including radiographic studies
- Performance of medically accepted laboratory tests and cultures that may be considered medically necessary or advisable based upon the judgement of the attending physician or their assigned designees

I fully understand that his consent is given in advance of any specific diagnosis or treatment and will continue even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing.

I understand that this consent for Treatment by Edmond Orthopedic Group at satellite offices.

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

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Authorized Signature: _____ Date: _____

(Printed name of person signing if other than patient) Parent Spouse Legal Authority