

Ifeanyi O. Obianyo, M.D.

Patient Consent Form

I, the undersigned, hereby consent to the following treatments:

- Administration and performance of all treatments
- Administration of any needed anesthetics
- Performance of such procedures as may be deemed necessary or advisable in the treatment of this patient.
- Use of prescribed medication
- Performance of diagnostic procedures/test and cultures
- Performance of other medically accepted laboratory test that may be considered medically necessary or advisable based on the judgement of the attending physician or their assigned designees

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

I understand that these services are voluntary and that I have the right to refuse these services.

I intend this consent to be 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.

I understand that Dr. Obianyo's office may include consent at satellite offices under common ownership.

I, the undersigned, acknowledge that Dr. Obianyo's office will use and disclose my information for the purposes of treatment, payment and healthcare operations as described in the Notice of Privacy Practices.

I, the patient and/or guarantor are responsible for charges incurred. If we are unable to obtain payment within reasonable amount of time from the patient and/or guarantor, we will place your account with a collection agency which will leave you liable for additional expenses incurred if applicable.

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

I acknowledge that I have been given Dr. Obianyo's **Notice of Privacy Practices**. I understand that if I have any questions or complaints that I should contact the Privacy Official. (*Patient Initials*) _____

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

Patient(or Responsible Party) Signature

Date

Print Patient Name