



5860 Collin McKinney Parkway, Suite 604, McKinney, TX 75070

CONSENT TO TREAT

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

- Administration and performance of all treatments
- Administration of any necessary anesthetics
- Performance of such procedures as may be deemed medically necessary or advisable as part of my treatment use of prescribed medication(s)
- Performance of diagnostic procedures/tests and cultures
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable
- based on the judgment of the attending physician or their assigned designees I fully understand that this is document

was given to me and executed in advance to any specific diagnosis or treatment.

My intent is for this consent to be continual in nature, even after a specific diagnosis has been made and treatment recommended. The consent will remain in full effect until revoked in writing.

I understand that Algone Interventional Pain Clinic may include this consent to apply to services, procedures and tests at satellite offices under common ownership if applicable.

I, the undersigned, acknowledge that Algone Interventional Pain Clinic will use and disclose my information for the purposes of treatment, collection of payment, and healthcare operations as described in the Notice of Privacy Practices that I have been given.

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

MEDICARE PATIENTS: I authorize Algone Interventional Pain Clinic to release my medical information to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to Algone Interventional Pain Clinic.

By signing below, I certify that I have read and fully understand the above statements and consent entirely and voluntarily to its contents. I also acknowledge that I have been offered a complete copy of Algone DFW's Interventional Pain Clinic's "Notice of Privacy Practices". I understand that if I have questions or complaints that I should contact Algone Anchorage's Patient Privacy Officer

Legal guardian if patient is a minor

Patient Signature

Date