GENERAL CONSENT

I hereby request and consent to diagnostic procedures, including x-rays, blood tests, medical treatments, including immunizations, and dental treatments deemed advisable by the professional staff of: _ _____

I acknowledge that I have this consent form and understand its contents. I have had an opportunity to discuss it and any questions I had have been answered to my complete satisfaction.

Witness

Patient Signature

Date

Parent/Legal Guardian's Signature

CONSENTIMIENTO GENERAL ..

Por este media hago peticion y el consentimiento para los procedimientos de diagnostico, como radiograffas, analisis de sangre, tratamientos medicos, incluyendo vacunas y tratamientos dentales que se consideran aconsejables por el personal profesional de: _____

Reconozco que tengo este formulario de consentimiento y entiendo su contenido. He tenido la oportunidad de discutir de ello y todas las preguntas que ten,a han sido contestadas a mi entera satisfaccion.

Testigo

Firma del paciente

Fecha

Firma del Padre / Guardian Legal

Informed Consent

Patient Name: _____

Date of Birth: _____

I acknowledge that I have been advised by _____ (provider name) that I undergo the following procedure(s) in the office:

_____

_____

I understand that this procedure will be done by the above provider and that the risks of this procedure (including the risk of anesthesia), as well as the alternatives and the risks associated with each alternative, have been explained to me. I acknowledge these risks, and give my consent to the procedure described above.

Patient Signature: _____ Date: _____

Provider Signature: _____

Witness Signature: _____