



Patient Authorization/Consent Record

Initial Here

Table with 7 rows containing authorization sections: Authorization for Treatment, Authorization for Release of Information, Authorization for the Release of Payment, Patient Agreement, Medicare, Medicaid, and Similar Benefits, Workers Compensation, and Patient Rights.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AUTHORIZATIONS/CONSENTS. ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Patient Signature Date

Printed Patient Name

Legal Representative/POA Signature Date