

Consent for Treatment

I _____ (POA name) give Gentle Foot Care Clinic permission for medical treatment of Patient _____.

I allow Gentle Foot Care Clinic to file for insurance benefits to pay for the medical care of patient _____ received.

- Gentle Foot Care Clinic will have to send his/her medical record information to his/her insurance company
- I must pay for the share of cost
- I must pay for the cost of these services if my insurance does not pay or i do not have insurance
- I understand that i have the right to refuse any procedure or treatment
- I understand that i have the right to discuss all medical treatments with my clinicians

Patients name

Patients signature

Date

Power of Attorney name

Power of Attorney signature

Date