

Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine



CONSENT TO TREATMENT

Consent to Treatment: I/we voluntarily authorize the rendering of medical care, including examination, diagnostic procedures and medical treatment by Park Lakes Family Medicine, P.A./Dr. Efrain Soto, his staff and designees, as may, in his professional judgement, be deemed necessary or beneficial.

I/we acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition. I/we understand that I/we have the right to make decisions concerning my health care, including the right to refuse medical and surgical procedures.

Patient/Guardian Signature

Date