

PEDIATRIC SPORTS AND SPINE ASSOCIATES

2020 W. State Highway 114, Suite 110
Grapevine, TX 76051
(817) 310-0810

Consent for Treatment

The following information is to be completed by the patient, or the patient's legally authorized representative/parent:

I consent to medical treatment for myself or for the patient for whom I am the parent or legally authorized representative. I understand that Pediatric Sports and Spine Associates will share patient health information according to federal and state law for the treatment, payment, and operations.

I understand that the patient is responsible for all charges incurred, regardless of the patient's insurance status. The patient agrees to pay for services as the patient incurs the charges. I authorize the insurance provider to pay Pediatric Sports and Spine Associates for services rendered.

Signature of Patient: _____ Date: _____

Signature of Legally Authorized Representative: _____

Relationship of Legally Authorized Representative to Patient: _____

Date: _____

Pediatric Sports and Spine Associates
David S. Brown, M.D. Roderick Capelo, M.D.