

McDONAGH MEDICAL CENTER

2800-A Kendallwood Pkwy, Kansas City, MO 64119 816-453-5940

E.W. McDonagh, D.O., ACGP Charles J. Rudolph, D.O., Ph.D

Nutrition Allergies Family Practice Degenerative Disease Preventive Medicine Metabolic Disorders

Consent to Medical Treatment

Patient: _____ Date: _____

1. I hereby voluntarily consent to treatment, procedures by McDonagh Medical Center, his assistants or his designees as is necessary in the judgement of McDonagh Medical Center
2. I acknowledge the clinic policy of HIV testing may be done due to the extensive use of venipuncture, both diagnostic and therapeutic. I accept the fact that treatment may be denied on the basis of a positive HIV test.

Signature: _____

3. Permission is granted for prescriptions for my family to be packaged in containers without child resistant safety caps.
4. It has been explained to me and I understand that the vitamin and mineral supplements at the clinic are not generally covered by Medicare or other health insurers.
5. I agree, that if I accept treatment I shall be responsible for payment of all costs at the time of services.
6. Filing of insurance claims shall be my own responsibility
7. I understand the above information.

Patient

Signature: _____ Date: _____

If a patient is a minor or unable to consent, complete the following:

Patient (is a minor ____ years of age) or is unable to sign because: _____

Legal Guardian/Power of Attorney: _____

Witness: _____