

McDONAGH MEDICAL CENTER

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

Carey Wennerstorm, D.O. Charles J. Rudolph, D.O., Ph.D

Nutrition Allergies Family Practice Degenerative Disease Preventive Medicine Metabolic Disorders

Consent to Medical Treatment

Patient: _____ Date: _____

I hereby voluntarily consent to treatment, procedures by McDonagh Medical Center, his assistants or his designees as is necessary in the judgment of McDonagh Medical Center

I acknowledge the clinic policy of HIV testing may be done due to the extensive use of venipuncture, both diagnostic and therapeutic.

Permission is granted for prescriptions for my family to be packaged in containers without child resistant safety caps.

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.

I agree, that if I accept treatment I shall be responsible for payment of all costs at the time of services.

Filing of insurance claims shall be my own responsibility

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: _____