

After Hours Medical Group

9200 Colima Rd. Suite 101

Whittier, CA 90605

Phone: 562-945-2128

Consent to Treat

Consent to Treat: I (or the undersigned on the behalf of the patient) voluntarily consent to allow the physicians of After Hours Medical Group, and the staff, to provide health care, encompassing urgently needed procedures and treatments, on an outpatient basis as deemed necessary by the physicians of After Hours Medical Group. I am to be informed about the treatment and services I receive and have the right to refuse treatment when I deem necessary. Furthermore I am aware of my rights as a patient.

Would you like a copy of the Patients Bill of Rights? **YES** **NO**

Would you like a copy of this Consent to Treat? **YES** **NO**

Patient Name: _____ Date: ___/___/_____

Patient Signature: _____

Parent name, relationship and signature, if patient is a minor:

Relationship: _____ Name: _____ Signature _____

Witness Name: _____ Signature _____