

Women Caring For Women OBGYN
8335 Walnut Hill Lane
Suite 215
Dallas, TX 75231
Phone (214) 221-2227
Fax (214) 221-2219

CONSENT FOR DIAGNOSIS AND TREATMENT

Patient: _____ D.O.B. _____

I hereby authorize the physicians and the physician extenders of Women Caring For Women OBGYN to administer such medications and perform such procedures as may be deemed necessary for the interest and care of: _____
(name of patient)

Date: _____ Time: _____ AM PM

Patient/other legally responsible person sign (legal relationship to patient)

Reason patient is unable to sign: _____

WITNESS: _____
Name

Address City State Zip