

# **ADVANCED HEART CARE, P.A.**

## **AUTHORIZATION FOR TREATMENT**

Medical care is a patient care service provided in response to a wide range of medical care needs of patients of all ages regardless of gender, color, race, creed, national origin, or disability, on an as needed basis.

The purpose of medical care is:

- To treat disease, injury and disability by examination, testing and use of procedures in the aid of diagnosis and treatment.
- To obtain information needed in diagnosing and examining patients.
- To prevent or minimize physical and mental disability
- To aid patients in achieving their maximum potential within their capabilities.
- To accelerate convalescence and reduce the length of the functional recovery.

All procedures will be thoroughly explained to you before you are asked to perform them. You are expected to cooperate fully with the examination and stop any test or procedure before experiencing any increase in you current level of pain or discomfort.

There are certain inherent risks with medical care. The attending physician will take every precaution to ensure that you are protected form any potentially hazardous situation. You will never be forced to perform any procedure that you do not wish to perform.

Based upon the above information, I agree to cooperate fully and to participate in all medical care procedures and to comply with the plan of care as it is established.

I acknowledge that I have read and received a copy of the Authorization for Treatment.

### **NOTICE TO PATIENTS:**

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For your personal safety do not use any equipment without a staff member present.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED PATIENT NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE