

DeWitz Family Medicine PLLC

Heartfelt care for the whole family

150 Pine Forest Drive, Suite 403

Shenandoah, Texas 77384

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Consent for Care and Treatment

This consent form for general care and treatment provides us with your permission to perform reasonable and necessary medical care and examinations, testing and treatment. By signing below, you indicate that:

- You intend that this consent is continuing in nature, to cover all of your visits, treatments and procedures from Dr. Dewitz and his staff, but may be revoked at any time in writing.
- You consent for treatment at this office or any other satellite office of Dewitz Family Medicine PLLC, or at your home if you request a house call.

I, _____, voluntarily give my permission to Dr. Scott Dewitz, Dewitz Family Medicine PLLC, and his designated staff to administer medical treatments, examinations, testing, and procedures to treat any condition or problem I have come to him to address.

Signature of patient or representative _____

Printed name of patient or representative _____

Date _____