



TEXAS PHYSICIANS GROUP

Primary Care and Specialty Clinics

Affiliate of Lubbock Heart & Surgical Hospital

General Consent for Care and Treatment Consent

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo and suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended: and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. You have the right to discuss the treatment plan with your physician about the purpose, potential risks, and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing, and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient

Signature of Witness

Date

Family Practice
Charles E. Addington, D.O.
Johnny Turner, PA
6102 82nd Street, Unit 14
Lubbock, Texas 79424
(806) 712-0446 Ofc.
(806) 712-0450 Fax

Cardiac Electrophysiology
Carlos Rizo-Patron, M.D.
Gerald Gallinghouse, M.D.
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Lubbock, Texas 79416
(806) 722-2161 Ofc.
(806) 722-2181 Fax

Cardiologists of Lubbock
Mounir Borno, MD 4802 North Loop 289
Walter Brogan, MD Lubbock, Texas 79416
James Grattan, MD (806) 788-0040 Ofc
M. Alan Sharif, MD (806) 788-0015 Fax
Roberto Solis, MD Referrals: tpg-referral@lubbockheart.com



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