SWGA SWE
Southwest Gastroenterology Associates P.C.
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Consent For Treatment

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure(s) to be used so that you may make the decision whether to undergo any suggested treatments or procedures after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is 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 referring office that may be necessary for treatment or testing.

The consent will remain fully effective until it is revoked in writing. You have the right to discontinue services at any time.

You have the right to discuss the treatment plan with your healthcare provider 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 or Physician Assistant, 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 and invasive or interventional procedures are recommended, I will be informed prior to services rendered.

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

Patient/Personal Representative Date

Relationship to Patient/Self

Print Employee Name & Job Title Date
(Internal use only)