

INTEGRATIVE WELLNESS CLINIC

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Kate R. Lops, M.D.

Visit us @ IWCVIP.COM

GENERAL CONSENT FOR EVALUATION AND TREATMENT OF PATIENTS

I voluntarily consent to the performance of reasonable and necessary medical examinations, testing, and treatment provided by Integrative wellness Clinic and its associated healthcare providers (physicians, nurse practitioner, and physician assistant), clinicians, and other staff. 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 recommend by your healthcare provider, we encourage you to ask questions. I voluntarily request a IWC healthcare provider (or their designees as deemed necessary), clinician, or other staff to perform reasonable and necessary a 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 fully and voluntarily consent to its contents.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient