



Women's OB/Gyn Center
5119 Fairmont Parkway • Pasadena, TX 77505

Tel (281) 991-7603 • Fax (281) 991-7675

General Consent For Treatment

I, knowing that I have a medical condition or physical check-up requiring diagnostic medical or surgical treatment; do hereby voluntarily consent to such procedures, care, medical, surgical and other services under the general and specific instructions of

Dr. _____, his assistant, or his designee as is necessary in his judgment.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatment or examination by

Dr. _____.

Patient's Signature

Date