



Patient Consent Form

Mariano Busso, M.D., P.A.

Patient Name: _____

Date: _____

1. I, the undersigned, consent to undergo all necessary tests, medication, treatment and other procedures required in the course of the study, diagnosis and treatment of my condition by Mariano Busso, M.D., P.A, and the medical staff.
2. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as the result of examinations, treatments, or operations.
3. I hereby authorize Mariano Busso, M.D., P.A, and the medical staff to take photographs for documentation in my medical record.
4. I consent to release of medical information other institutions or agencies accepting the patient for medical or institutional care: and consent to the release of information to my referring physician and to any person or corporation which is or may be liable under a contract to the physician or to the patient or to a family member or employer of the patient for all or part of the physician's charges, including but not limited to, insurance companies, workers compensation carriers, welfare funds, or the patient's employer. I also consent to the release of medical information to my next of kin or my designee listed on the Admission Date Sheet in the event of my expiration.
5. I hereby authorize for Mariano Busso, M.D., P.A, and the medical staff to contact me through mail or e-mail.
6. I assign directly to Mariano Busso, M.D., P.A, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

I have read and clearly understand the above:

Patient's Signature or one who is
legally authorized to sign

Witness Signature

MINORS CONSENT: Patients under 18 years of age must have the signature of parent(s) or guardian(s).

04/03/13