



Urgent Doc

Urgent Care Clinic

4909 North Street, STE 202
Nacogdoches, Texas 75965

2132 S. 1st Street
Lufkin, Texas 75901

1615 West Church Street
Livingston, Texas 77351

20304 US Highway 59
New Caney, Texas 77357

MEDICAL CONSENT FOR TREATMENT

Self or guarantor for minors

I, the undersigned, for myself or a minor child or another person for whom I have authority to sign, hereby consent to medical care and treatment, as ordered by a provider, while such medical care and treatment is provided Urgent Doc.

This consent includes my consent for all medical services rendered under the general or specific instructions of a provider; including treatment by a mid-level provider (Nurse Practitioner or Physician Assistant), and other health care providers or the designees under the direction of a physician, as deemed reasonable and necessary including, but not limited to, using online medication reconciliation to view my prescription medication history from other healthcare providers and/or pharmacies for treatment purposes.

I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at Urgent Doc facilities.

Patient Name (Print)

Patient or Guarantor Signature

Date