



CARLOS A. ORTIZ M.D. P.C.

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CONSENT FOR TREATMENT

Dr. Carlos Ortiz provides primary health care including the diagnosis and treatment of illness or injuries.

The undersigned, having read and expressed understanding of this document by the signature below, does hereby agree to be medically attended and treated by either doctor.

I further consent to the performance of those diagnostic procedures, examinations and rendering of medical treatment by the medical staff, their assistants as necessary in the medical staff's judgment.

I understand that this consent form will be valid and remain in effect as long as I (he/she) am under the care of Dr. Carlos Ortiz.

Signature of Patient or Personal Representative

Date

Name of Patient