

Lisa Salvati, M.D., M.P.H.
Medical Weight Management
(561) 495-1885

General Consent Form

Patient Name: _____

A. Consent for medical treatment:

The undersigned hereby authorizes Dr. Lisa Salvati and her staff to examine and furnish the patient named above with all treatments, obtain all laboratory tests, and provide medications and supplies as Dr. Salvati may deem necessary. This also acts as consent for the medical treatment of a minor when signed and witnessed below by a legal guardian and the minor child.

B. Authorization for release of medical information:

Authorization is hereby granted for Dr. Lisa Salvati and/or her staff to release to the undersigned individual's insurance company or companies, their agents or other third party payers, all confidential information (including copies of confidential medical/mental health records) as may be requested or necessary for the completion of claim processing related to my treatment.

The undersigned authorizes the direct payment of fees due to Dr. Lisa Salvati for services rendered, by the undersigned. I understand that I am financially responsible for services rendered monthly.

Date Patient / Legal Guardian

Time Witnessing Staff