

General Consent to Treatment

By signing below, I (or my authorized representative on my behalf) authorize MSPB physicians, practitioners and their staff to conduct any diagnostic examinations, tests and procedures and to provide any medications, treatment or therapy necessary to effectively assess and maintain my health, and to assess, diagnose and treat my illness or injuries.

I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any diagnostic examination, test or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment.

PRINT PATIENT'S FULL NAME

PATIENT'S SIGNATURE

DATE