

TEXAS LUNG CENTER, P.A.

3600 Gaston Avenue, Barnett Tower 806, Dallas, Texas 75246

Consent-To-Treat

I voluntarily authorize the rendering of medical care, including examination, diagnostic procedures, and medical treatment by _____ M.D., his staff and designees, as may in his professional judgment be deemed necessary or beneficial. I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition. I understand that I have the right to make decisions concerning my health care, including the right to refuse medical and surgical procedures.

Patient or Legal Representative Signature

Date

Print Name