INFORMED CONSENT FOR TREATMENT

DOCTOR Feins

Patient Name: ____

I, knowing that I am experiencing a condition requiring diagnostic, medical, or surgical treatment, do hereby request a consultation with Robert S. Feins, M.D., F.A.C.S., a Board Certified Plastic Surgeon, and do voluntarily consent to examination and evaluation of my condition by Dr. Feins.

I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatments or examination by Dr. Feins.

____ __________
Patient signature Date

OR

____ __________
Legal guardian signature Date

Robert S. Feins, M.D., P.A., F.A.C.S.
Plastic and
Reconstructive Surgery
Doctors Park
144 Tarrytown Road
Manchester, NH 03103
603-647-4430
Facsimile 603-647-4877

Consent for Clinical Personnel: I am aware that patients at this office may be attended by an esthetician, a nurse, or other health care personnel, whom may be present during patient care as part of their duties.

Consent for Photos: I consent to the taking of photographs for medical record documentation, treatment purposes, and educational purposes only provided that my identity is not disclosed to any outside party without my prior written consent.

Consent for Release of Information: I consent to the release of information about my medical condition to any health care provider involved with my current treatment. I understand that office personnel may release the fact that I am presently a patient here, without disclosing confidential information, so that I may receive phone calls.

Pre-certification/prior authorization agreement: I understand that I am responsible to comply with the rules and requirements of my insurance company reading pre-certification and prior authorization requirements.

Guarantee of account: I agree to pay Dr. Feins for all charges not covered by any third party payor.

______________________________ ________________ ________
Patient Signature (or legal representative) Relationship to patient Date

Reason patient is unable to sign consent: ___(minor) ___(physical or mental disability) ___(other)