



Canton Foot & Ankle Specialists P.C.
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www.Cantonfoot.com Dr. Brandon Semma, D.P.M.

General Consent Treatment, Disclosure and Authorization Form

DISCLOSURE AND RELEASE AUTHORIZATION FORM CONSENT TO TREAT:

I request and give consent to the CANTON FOOT & ANKLE SPECIALISTS P.C. Physicians and their staff to provide and perform such medical/surgical care, tests, procedures, drugs and other services and supplies as my physician, in his/her professional judgment, deems necessary or beneficial. The undersigned consents to any initial or follow-up evaluations, examinations, x-rays, laboratory procedures, other tests, medications, medical treatment, surgery, physical therapy, home instructions, orthotics, other durable medical equipment, photographing and/or videotaping, and/or other services rendered to the patient by Canton Foot & Ankle Specialists P.C. I acknowledge that no representations, warranties or guarantees as to the results or cures have been made to me or relied upon by me.

RIGHT TO REFUSE TREATMENT:

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy, or medication recommended or deemed medically necessary by my individual treating health care providers.

E-PRESCRIBING CONSENT:

I consent that the CANTON FOOT & ANKLE SPECIALISTS P.C. Physicians and all their staff can request and use my prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

EFFECTIVE DATE:

This Notice is in effect as of 01/01/2024.

CONSENT TO TREATMENT:

Print Patient Name: _____

Signature of Patient or Guardian: _____

Date: _____