



Consent to Treat Form

I hereby voluntarily consent to all healthcare services ordered/provided by Elbert Marion Belk, MD and The Skin Clinics of Texas providers at all locations. The health care service may include, but not limited to, physical; diagnostic and monitoring tests and procedures; medical examinations; routine laboratory procedures and tests; x-rays and other imaging studies; administration of medications; procedures and treatments prescribed by The Skin Clinics of Texas healthcare providers.

My signature on this form indicates that: I certify that I have read and fully understand the foregoing consent and that the facts indicated above are true and correct.

I understand that I may be asked to sign a separate informed consent form for certain treatment(s) that require additional treatments or procedures other than routine office procedures listed herein.

I here by voluntarily give my consent to treatment at Elbert Marion Belk, MD and The Skin Clinics of Texas. This is also granting consent to bill insurance companies and collect any payment.

Signature:

Printed Name:

Date of Birth:

Today's Date: