



Young Kids Pediatrics, P.A.

John G. Young, M.D.
7633 Bellaire Dr. S. #113
Fort Worth, Texas 76132
817-361-7494

Consent to Treat

Medical/Surgical Consent: I, the undersigned, consent to and authorize any examination, medical treatment, and/or services rendered by Young Kids Pediatrics P.A., John G. Young M.D., or any of his associates which in the judgment of such practitioners are advisable during the course of diagnosis and treatment while I am under their care. It is understood that the practice of medicine is not an exact science, and no guarantee can be given as to the results attained from any diagnosis or treatment.

Accidental Exposure of the Healthcare Worker: I understand that Texas law provides that if any healthcare worker is exposed to a patient's blood or other body fluid, tests on the patient's blood or other body fluid may be performed by Young Kids Pediatrics P.A. to determine the presence of Human Immunodeficiency Virus (the causative agent of AIDS). I also give my consent for the testing of other communicable diseases, including but not limited to Hepatitis and Syphilis, in the event of an accidental exposure to a healthcare worker. I understand that such testing is necessary to protect those who will be caring for the patient.

I, the undersigned, certify that I am the patient listed below. I have read and accept this authorization form, and by this document, am representing that I have the authority to consent for all my medical and surgical care and treatment:

Signature

Date

Patient's Name Printed: _____