

Barsam Gharagozlou, MD INC.
2260 Gladstone Drive Suite 8
Pittsburg Ca 94565
P: 925-267-6000
F: 925-267-6100

Patient Consent for Care and Treatment

I have fully read, fully understand, and fully accept the following policies of Barsam Gharagozlou, MD INC including Insurance and Payment Policy, Appointment, Walk-in, No Show, and Cancellation Policy, Confidentiality and Privacy Policy (HIPPA Policy), Test Results Policy, Life Threatening Emergency Policy, Treatment of Minors Policy.

I, _____

the undersigned, do hereby give my consent for **Barsam Gharagozlou, MD and Barsam Gharagozlou, MD INC.** to furnish medical care and treatment to _____

(Print patient name)

that is considered necessary and proper in diagnosing or treating a physical and/or mental condition including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the office, as may in their professional judgment be necessary.”

Signature of Patient or
Parent/ Legal Guardian:

Relationship to Patient:

Print Patient's Name:

Date:

Print Name of Parent or Legal Guardian (if applicable):