

Sinai Internal Medicine Specialists, PA
Felix Agbo, MD
910 Old Camp Road, Suite 144
The Villages, FL 32162

Consent for Treatment

I, _____, hereby authorize Sinai Internal Medicine Specialists, PA, its facilities, its affiliated physicians and other medical personnel in charge of my care, to administer examinations, immunizations and treatments, as may be deemed medically necessary in the exercise of their professional judgment.

 Signature of Patient

 Date

Consent for Treatment of a Minor

I, the undersigned parent or guardian of _____, hereby authorize Sinai Internal Medicine Specialists, PA, its affiliated physicians and other medical personnel in charge of my child's care, to administer examinations, immunizations and treatments, as may be deemed medically necessary in the exercise of their professional judgment.

 Signature of Parent/Guardian

 Date