

Parham Gharagozlou, MD INC
3108 Willow Pass Rd,
Concord, CA 94519
Tel: 9258496634
Fax: 9258496635

Patient Consent for Care and Treatment

I have fully read, fully understand, and fully accept the following policies of Parham Gharagozlou, MD IC 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 **Parham Gharagozlou, MD and Parham 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 Legal Guardian

Relationship to Patient:

Print Patient's Name

Date

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