ALAMO DIABETES & ENDOCRINOLOGY

Consent to Treatment

I authorize and direct Dr. Sonika Gupta, MD and such associates, technical assistants and other health care providers as they deem necessary to perform any necessary diagnostic tests and evaluations on me as deemed medically indicated and provide me with treatment and prescriptions, including administering medication to me. I understand that any such test or treatment provided to me will be explained to me prior to its performance and that I may ask questions about such test or treatment.

_____

Patient Name or Parent/Legal Guardian

_____ _____

Patient Name or Parent/Legal Guardian Signature **Date**