



CONSENT FOR VISITOR ATTENDING APPOINTMENTS

I agree to have my visitor, _____, attend my medical appointment with

me on (date) _____. This consent applies to one visit only.

I understand this may entail him/her witnessing my examinations, as well as discussions with my Medical

Provider(s) on my medical information, conditions and treatment(s).

Patient Name (printed) _____

Patient Signature: _____

Patient's date of birth: ____/____/____