



6705 Heritage Parkway, Suite 102 Rockwall, Texas 75087

Consent to Treat and Appointment Wait Times

Consent to Treat

I voluntarily authorize and consent to the medical care, treatment, and diagnostic tests that the providers at GLOW and their designated associates or assistants believe are necessary. I also consent to the taking of photographs or films related to the care and treatment of the patient and understand that such photographs or films may be made part of the medical record. I understand that by signing this form, I am giving permission to the doctors, nurses, physician assistants, and other health care providers in this medical office to provide treatment as long as a physician/patient relationship exists, or until I withdraw my consent.

PATIENT SIGNATURE: _____ DATE: _____

Appointment Wait Times

Here at Glow, we want to thank you for choosing us for your OB/GYN needs. Each patient deserves and will be treated with exceptional care.

An OB/GYN practice can be challenging to keep scheduled appointment times on track. Emergencies can arise at any time which may require our doctors to spend more time with a patient, or leave the office to head to the hospital. This also applies to our sonographers schedule.

We will do our best to keep our current appointment times on track but sometimes are out of our hands. Please keep this in mind when scheduling your appointment time close to another appointment, lunch time or picking up kids.

When it comes time for you to need us unexpectedly, expect the same treatment.

If you need to reschedule your appointment due to this, there will be no cancel or rescheduling fees. We will do our best to reschedule you and try to see you as soon as possible.

PATIENT SIGNATURE: _____ DATE: _____

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