



**LLOYD COSTELLO, M.D.,
A PROFESSIONAL CORPORATION
DBA CoraMed Healthcare, Inc.**

CONSENT FOR TREATMENT

I, the undersigned hereby consent to the administration and performance of all diagnostic procedures and treatments which, in the judgment of my physician, may be considered necessary or advisable. I further agree that if I decide to leave without receiving treatment or without the consent of my attending physician, neither said physician, nor the Professional Corporation, shall be liable for the consequences of such decision.

_____ Initial

FINANCIAL AGREEMENT

I hereby agree that in consideration for services to be rendered by the Professional Corporation, I shall make prompt payments to the account of Lloyd Costello, M.D., A Professional Corporation, statements (bills) presented. In the event that the account becomes delinquent, I agree to pay interest at the legal rate. I also agree to pay actual attorney's fees and collection expenses if it becomes necessary for a delinquent account to be referred for collection activity.

_____ Initial

Printed Name _____

Signature _____ Date: _____