

# CUREtology Surgical Oncology Medical Corporation & Associates

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## General Consent for Evaluation and Treatment

### *TO THE PATIENT*

Welcome to our practice. At this point in your care, no specific treatment plan has been recommended, until we have had the opportunity to identify your needs. This consent form is simply to obtain your permission to perform the evaluation necessary to identify any condition that might require an appropriate treatment and/or procedure as part of your plan of care. You have the right to be informed about any condition identified and the options for recommended surgical, medical, or diagnostic procedure to be used. You may then decide whether or not to undergo any suggested treatment or procedure, after being informed of the potential benefits and risks involved.

By signing this consent, you provide your permission to perform reasonable and necessary medical examinations, testing, and treatment. By signing below, you are indicating that you understand that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended, along with potential risks and benefits. The consent will remain fully effective until it is revoked in writing. You have the right at any time to ask additional questions or to discontinue or decline services.

You have the right to discuss with your physician the treatment plan, the purpose of tests ordered, potential risks, and potential benefits. You are encouraged to ask questions and express concerns regarding any test or treatment recommended.

### *CONSENT*

I hereby give my consent and voluntarily request **CUREtology Surgical Oncology & Associates** as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice or one that has been identified. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **CUREtology Surgical Oncology & Associates** may decline to provide treatment to me.

Note: *Laws for the state of California prevail.*

### *CONFIRMATION OF REVIEW AND RECEIPT*

*By signing below, I acknowledge that I have reviewed this document and received a copy upon request. DO  
NOT SIGN this document without a review.*

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Signature of Patient or Legal Guardian (*circle one*)

Relationship to Patient

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Print Name from Signature Above

Date

*Revised 10/10/2022*