

Alfred J. Rodriguez, M.D.
6130 W. Parker Road, Suite 215
Plano, TX 75093
(972) 981-7800

Patient Name _____

Consent to Treatment: I certify that I am the patient or the legal guardian of the patient and I consent to treatment necessary for the care of the patient on this form.

Patient or Guardian Signature

Date

Primary Care Physician

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

OB/Gyn Physician

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

We require that all patients provide us information regarding their current primary care physician as well as their current OB-GYN.

Dr. Rodriguez does not practice routine gynecology or general medicine therefore will not be available for emergency calls unless

related to a patient in treatment for fertility services.

If you do not have a physician in either of these specialties we will gladly provide you with a referral.