

Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CONSENT AUTHORIZATION

I, hereby, consent to treatment including routine diagnostic and therapeutic procedures by DR. NASREEN BATTLA and her consultant or designees

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Witness

APPOINTMENTS:

A minimum charge will be made for missed or canceled appointments without prior notification of at least 48 hours. This fee covers only a portion of the overhead such as salaries, electric, heat, etc: which still has to be paid whether you are present or not.

Once an appointment is made, please remember this time has been reserved for you. Any change in your appointment affects many patients. Please be considerate.

We appreciate you keeping your appointments. After three no-shows on physicals Dr. Battla has the right to discharge you from the practice after a thirty-day notice.

There is a .75-cent per page for copying and transfer of records