

Southwest Health Associates, P.A.
Dr. Sarah & Syed Zaidi, M.D.

1229 Creekway Dr., Suite 101
Sugar Land, TX 77478
PH: 281-980-2100 FX: 281-980-2170

CONSENT FORM

I give my consent to treatment as necessary or described for the care of the patient first named above, including but not restricted to whatever drugs, medicine and conduct of laboratory, X-Ray, or other studies that may be used by the attending physician, nurse or qualified designated assistant. I also consent to Human Immunodeficiency Virus (HIV) testing if indicated

I acknowledge full responsibility for the payment of such service and agree to pay for them in full, at the time of service, unless other arrangements are made in advance.

We request the payment of authorized insurance benefits be made on my behalf to the provider indicated above for any services furnished for me. I authorize any holder of medical information about me, or my dependent, to release to the insurance company any information needed to determine these benefits payable for related services. A photocopy of this assignment is to be considered as valid as the original unit revoked. I understand that I am financially responsible for all changes whether or not covered by insurance, and agree to promptly pay any balance remaining after insurance payment.

Sign and Date

Patient Signature

Date