

FOR WOMEN: Are you pregnant?

Are you taking Birth Control Pills?

To the best, of my knowledge all of the preceding answers are true and correct. I Authorize the staff to perform any necessary services needed during diagnosis and treatment. I authorize the provider to release any information required to process insurance claims. I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company.

SIGNATURE(Adult if patient a minor): \_\_\_\_\_

Date: