



## Consent For Treatment

Joseph A. Rutz, Jr., MD, PC  
77 Weaver Road, Suite B  
Blairsville, GA 30512

Date: \_\_\_\_\_ Home Phone # : \_\_\_\_\_ Message Number if No Phone : \_\_\_\_\_

Name: \_\_\_\_\_ Soc Sec # : \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_ F \_\_\_ M Birth Date: \_\_\_\_\_ Single Married Widowed Divorced Separated

Patient Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pharmacy Preferred: \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Employer: \_\_\_\_\_

### IF PATIENT IS A MINOR OR STUDENT:

Father's Name: \_\_\_\_\_ Soc Sec # : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Soc Sec # : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Business Address: \_\_\_\_\_

### INSURANCE INFORMATION:

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

If Patient is NOT the Primary Holder Listed on Insurance Card: Primary Holder's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ His/Her Birth Date: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Consent For Treatment

I, \_\_\_\_\_, authorize Joseph A. Rutz, Jr., M.D. and such assistants as they may designate to carry out diagnostic procedures including any tests, x-rays to better diagnose my condition(s) and to administer such treatments and medications as indicated. I consent to having x-rays as ordered by the physician. I also understand that if I am pregnant or think I may be pregnant, I am to inform the assistant or the provider of this before any x-ray(s) are taken and/or before any injection or medication is given.

Patient or Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_