

General Consent for Treatment

I, knowing that I am suffering from a condition requiring diagnostic, medical, or surgical treatment, do hereby voluntarily consent to such procedures and care and to such medical, surgical, or other services under the general and specific instructions of Larry M. Kjeldgaard, D.O., his assistants or his designee as necessary in his judgement.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatments or examination by Larry M. Kjeldgaard, D.O.

Print Name: _____ **Date:** _____

Patient Signature: _____