

FOOT & ANKLE SPECIALISTS

*CHAD A. SUMMY, D.P.M.*MICHAEL R. POWERS, D.P.M.*MICHELLE L. HINZE, D.P.M.* DONALD E. BUDDECKE, D.P.M.* SHANNON M. LENSING, D.P.M.*
*NICOLE WEINHOLD, PT * TESSA JANSEN, PT

Phone: (402) 991-8999

Fax: (402) 331-6537

General Patient Consent for Care

I, the undersigned, for myself or a minor child or another person for whom I have authority to sign, hereby consent to medical care and treatment, as ordered by a provider, while such medical care and treatment is provided through Foot and Ankle Specialists on an outpatient/office visit basis. This consent includes my consent for all medical services rendered under the general or specific instructions of a provider and other health care providers or the designees under the direction of a physician, as deemed reasonable and necessary. I agree and acknowledge that Foot and Ankle Specialists is not liable for the actions or omissions of, or the instructions given by the physicians/providers who treat me while I am a patient. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at Foot and Ankle Specialists facilities.

Telemedicine

I understand that telemedicine (defined as the use of medical information exchanged from one site to another via electronic communications for the health of the patient, including consultative, diagnostic, and treatment services) may be employed to facilitate my medical care.

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video

Signed Consent of Patient _____

I hereby give my consent to treat minor child/children below, which is under the legal age of nineteen years of age

Patient _____ Patient Age _____

Signed Consent of Parent/Guardian _____