Consent for Evaluation and Treatment

Patient Name: _____

Date of Birth: _____

Welcome to Sesi Signature Inc.. This form documents your consent to an initial medical evaluation and routine care. Please read it carefully and ask your provider any questions you may have.

1. Consent for Evaluation and Routine Care I voluntarily consent to and authorize the licensed healthcare providers at Sesi Signature Inc. to perform a comprehensive medical evaluation. This may include taking my medical history, conducting a physical examination, and ordering or performing routine diagnostic tests. This consent extends to routine medical care and follow-up that may be deemed necessary based on this initial assessment.

2. Scope of this Consent and Agreement to Future Consent I understand that this consent is for my initial evaluation and routine care only.

I acknowledge that for any specific procedure, non-routine treatment, or intervention with known material risks, **I will be provided with a separate and specific informed consent form.** That separate form will detail the procedure, its potential risks, benefits, and reasonable alternatives. I will have the opportunity to ask questions and must sign that specific form before the procedure is performed.

3. Patient's Responsibility to Provide Information I agree to provide accurate and complete information about my medical history, including any known allergies, all medications and supplements I am taking, and any past or present medical conditions.

4. No Guarantees I understand that the practice of medicine is not an exact science and that no guarantees or promises have been made to me regarding the results or outcome of any care, treatment, or procedure.

5. Acknowledgment and Signature By signing below, I confirm that:

- I have read and fully understand this "Consent for Evaluation and Treatment" form.
- The information has been explained to me, and I have had the opportunity to ask questions.
- I am aware that I have the right to revoke this consent at any time, either verbally or in writing, except to the extent that action has already been taken based on this consent.

Patient Signature: _____ Date: _____