



Samona Hand Surgery
Dr. Scott Samona, M.D.
Hand, Wrist, and Microvascular Surgeon

CONSENT TO TREATMENT

Consent to Treatment

I consent to the rendering of medical treatment/services as considered necessary and appropriate by the physician or other members of the provider's medical staff. This includes, but is not limited to, splinting, casting, injections, x-ray imaging, ultrasound imaging, fracture care, in-office procedures/minor surgeries and other treatment or diagnostic modalities deemed appropriate by the physician and/or team.

Personal Valuables

I agree that the doctor's office or clinic is not responsible for the loss or damage of any personal property that I decide to keep with me while receiving healthcare services. I agree to release the physician, staff, and healthcare providers from all responsibility if my personal property is lost or damaged.

Bloodborne Pathogen Testing

I consent to submit to testing for bloodborne pathogens if an exposure occurs to one of the staff. I understand that test results will be shared with the person who was exposed and the people who provided care to me.

I Understand That:

I am aware the practice of medicine and surgery is not an exact science. No one has made promises or guarantees to me about the results of my treatment, care, or examination.

Students/trainees and staff may see me and look at my medical record for teaching or research purposes.

Some providers and staff are not employees of Samona Hand Surgery. I know that Samona Hand Surgery is not responsible for their care or other actions. I also know I may receive separate bills from them even though they provide services to me at a Samona Hand Surgery location.

Patient/Representative Signature	Relationship to Patient if not self (parent, legal guardian or representative, etc)	Date