CENTRO PRENATAL
DE GWINNETT
Donde los bebes nacen sanos
(770) 277-0230
FAX (770) 277-0279

CONSENT TO MEDICAL TREATMENT

By signing below I am authorizing Centro Prenatal de Gwinnett's physician, certified nurse midwives and/or nurse practitioners to provide treatment to me in accordance with the Standards of Care set forth by the American College of Obstetrics & Gynecology. I understand that this treatment may include laboratory, ultrasound and other diagnostic procedures to provide the best possible care to me.

All information obtained from me and all testing provided in the clinic will be confidential and kept confidential unless I sign a release for this information to another party. No one will be able to access information from my records in the clinic without my prior written permission.

_____ _____

Person requesting treatment Date

_____ _____

Witness Date