



A SUBSIDIARY OF KINPEL MEDICAL, PC

**CONSENT TO TREATMENT**

This is to certify that the undersigned patient, guardian and/ or patient representative acting on behalf of the patient:

CONSENTS to outpatient medical treatment and hospital admission (if necessary) which may include diagnostic procedures, medication nursing services and other such medical treatment as the attending physician(s) or physicians of SpinaTherapeutics™ consider to be necessary or advisable. If the patient is pregnant it is understood that this consent also applies to the infant.

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Patient/Patient representative (Relationship)

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date