

Southfield Office

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Southfield, MI 48075
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Warren Office

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Office of Anthony D. Spearman, MD, MHSA

CONSENT TO TREATMENT

Consent to Treatment: I consent to medical, diagnostic, therapeutic, and minor surgical procedures and treatment by the physicians and staff of Horizon Care Medical Group, PLLC (HCMG). I understand the risks of the medical treatment and procedures, and no guarantees or promises have been made concerning the outcome of such procedures and treatment. I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am authorized to make decisions, including my right to refuse medical and surgical procedures.

I understand that if any agent or employee of HCMG sustains a percutaneous (through the skin), mucous membrane (through the mouth or eye), or open wound exposure to my blood or other bodily fluids, I may be tested for HIV (the virus that causes AIDS), Hepatitis B, Hepatitis C, and/or RPR; and I consent to such tests.

By signing this form, I agree to the above statements and have reviewed the notice of privacy practice below.

printed Name & Signature of Patient

Date