



Consent for Treatment

The undersigned authorizes the treating health care providers at Osler Pediatrics to furnish medical treatment including, but not limited exclusively to, local anesthetic, minor surgery, venipuncture, intravenous solutions, immunizations, medications, prescription of medications and the performance of any procedures or medical intervention which the health care provider deems necessary and appropriate in the treatment of the above named patient while in the Osler Pediatrics office.

Treatment is authorized by the undersigned to give reasonable and proper medical care by the community's and today's standards, to the above named patient.

Managed Care Insurances

Managed care insurance plans, including PPO's and HMO's, often will dictate whether certain medical treatments and/or procedures will be covered by them. In the case of the treatment or procedure not being a covered benefit, there is little we can do to alter this, as it is part of the policy terms. In the case of a treatment or procedure not being covered because they find it to be "not medically necessary", we can, and will, follow the company's appeal process to the best of our ability. In any case, if after all appeals and measures have been exhausted to try and obtain coverage and the company still denies such coverage, but we, as the health care providers for your child, find the treatment or procedure to be an imperative part of his/her health care, then the decision will rest with you since the cost will then be 'out of pocket'. Remember, your child's health and well being should be first and paramount in your mind as you make such decisions.

(Printed Name of Patient)

(Parent/Legal Guardian/ Patient)

(Date)

(Witness)