MIDWEST HAND AND WRIST SURGERY DR. DHAWAN
Caring for the Hands that Care for Others

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NEW PATIENT CONSENT FORM

Welcome to Midwest Hand and Wrist Surgery, PC. Please read the following information carefully and sign below to indicate your consent for evaluation and treatment.

1. CONSENT FOR EVALUATION AND TREATMENT

I consent to be evaluated and treated by the healthcare providers at Midwest Hand and Wrist Surgery, PC. I understand that evaluation may include a review of my medical history, physical examination, imaging, and diagnostic testing as necessary. Treatment may include splinting, injections, therapy, minor procedures, and other medical care deemed appropriate by my provider.

2. CONSENT FOR COMMUNICATION AND MEDICAL RECORDS

I consent to the use and disclosure of my medical information as permitted by law for purposes of treatment, payment, and healthcare operations. I authorize communication via phone, text, voicemail, or email for appointment reminders and clinical follow-up.

3. FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for all services rendered, including copayments, deductibles, and services not covered by insurance. I authorize the release of information necessary to process insurance claims.

4. TELEMEDICINE CONSENT (IF APPLICABLE)

I consent to the use of telemedicine for consultations when appropriate. I understand the risks and limitations of remote evaluations and that I may withdraw consent at any time.

5. ACKNOWLEDGEMENT

I have read and understood this consent form. All my questions have been answered to my satisfaction. I voluntarily consent to care provided by Midwest Hand and Wrist Surgery, PC team.

Patient Name: _____

Signature: _____

Date: _____

Provider/Witness: _____