

Georges Jabaly, MD, MSBS

4405 N. Holland-Sylvania #104 Toledo, OH 43623 419-882-6784 419-882-4795 fax

drjabalyweightloss.com

Board Certified Family Medicine

mnangels.com

GENERAL MEDICAL CONSENT (ADULT)

I, the undersigned, consent to medical and nursing care performed by MN Angels Clinic /Georges Jabaly. M.D. and/or his staff or other consultants upon me, including but not limited to, examinations, tests, medication administration, immunizations, regional and local anesthesia and other diagnostic, therapeutic and surgical procedures deemed necessary in their professional judgment.

I acknowledge that at all times it is my responsibility to inform Dr. Jabaly and his appropriate staff about any and all health problems or allergies that I have. I also agree that it is my responsibility to tell Dr. Jabaly and his appropriate staff about any and all medications, including any over-the-counter drugs and herbal supplements that I have taken in the past six (6) months before each visit with Dr. Jabaly and/or his staff.

I further consent to the testing, and disposal of specimens of my blood, urine and other bodily fluids, tissues and products.

I understand that the practice of medicine is not an exact science and that no guarantees or promises have been made to me as a result of any treatment(s) or examination(s) performed by Dr. Jabaly or his staff.

I CERTIFY THAT I HAVE READ THE FOREGOING IN ITS ENTIRETY AND I UNDERSTAND ITS CONTENTS. ANY QUESTIONS CONCERNING THIS CONSENT DOCUMENT HAVE BEEN ANSWERED TO MY SATISFACTION

Date

Patient Signature

Print Name