

Elizabeth Clanton, MD

Pediatric & Adult Plastic & Reconstructive Surgery

11842 Wurzbach

San Antonio, TX 78230

Office: (210) 460-7632 Fax: (210) 591-1192

Patient Consent to Treat

I hereby give my consent to Elizabeth Clanton, MD and authorize the physician and staff to provide my medical treatment. I understand that Elizabeth Clanton, MD will explain my condition, foreseeable risks, and methods of treatment for my condition before treatment is provided. I authorize Elizabeth Clanton, MD to perform any additional or different treatment that is thought necessary if, in an emergency situation, a condition is discovered that was not known previously.

Patient name: _____

Patient signature: _____ Date: _____