



PARTNERS:
James A. Cisco, MD
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Medical Consent for Treatment Form

I, _____ do hereby agree and give my consent to Burgess Pediatrics to furnish medical care and treatment considered necessary and proper in diagnosing or treating my physical and mental condition. I understand my physician may utilize a nurse to assist with my plan of care.

Signature: _____ **Date:** _____

Primary Email: _____

Primary Phone: _____