



MID LAKE
FOOT AND ANKLE

Breanna J. Ferguson, DPM, AACFAS

870 S. Duncan Drive, Tavares, FL 32778 · P: (352) 432-8434 · F: (352) 609-8080

Consent of Treatment

I, _____, am authorized and hereby give consent for the

Patient/Guardian Printed Name

medical staff of **Mid Lake Foot and Ankle** to examine and render care to:

_____.

This consent will remain in effect until revoked in writing.

Patient/Guardian Signature

Date

Appointment Cancellation & No-Show Policy

Please be advised that if you fail to give a 24-hour notice of cancellation or if you fail to show up for your appointment at your given appointment time, you may be assessed up to a \$50 fee per our practice policy. Thank you for your understanding and cooperation.

Patient/Guardian Signature

Date