



PULMONARY CLINIC OF THE CAROLINAS, PC

E. Michael Eziri, MD MS FCCP

CONSENT FOR SERVICE FORM

I have been informed of the type of services I will receive and voluntarily consent for myself and / or child _____ to be examined and evaluated by PULMONARY CLINIC OF THE CAROLINAS, PC. I also agree for routine tests to be administered as deemed necessary. Included in this agreement is permission for treatment as indicated, and referral to other appropriate health facilities when necessary.

Signature of Patient

Date

Signature of Parent / Legal Guardian

Date

Signature of Witness

Date

If patient is under 18 years of age, this form must be signed by a parent or legal guardian.

Pulmonary Clinic of the Carolinas, PC

442 E. Long Avenue, Gastonia, North Carolina 28054 • 704.867.8742 • FAX 704.867.8891
206 Gamble Drive, Suite D, Lincolnton, North Carolina 28092 • 704.736.9959 • FAX 704.736.9466