

***Performance Orthopaedics & Sports Medicine***

***4461 Coit Road Suite 301***

***Frisco, TX 75070***

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***Dr. Dan Maurer, DO***

***Dr. Troy C. Diehl, DO***

**CONSENT FOR TREATMENT**

I hereby authorize employees and agents; including physicians and physician assistants, of *Performance Orthopaedics & Sports Medicine* to render routine medical care to the patient indicated on this form and to fulfill the orders of the physicians; including consultants, associates, and assistants of the physicians' choice.

The duration of this consent is indefinite and continues until revoked in writing or, in the case of minor children, until the child reaches the age of eighteen. I understand that by not signing this consent, the patient will not be provided medical care except in case of emergency.

***If patient is a minor:***

I give my consent and authorization for *Performance Orthopaedics & Sports Medicine* to provide medical evaluation and treatment to my child, \_\_\_\_\_  
when I am not available. (Minor's First & Last Name)

I understand such treatment may include invasive and minor surgical procedures and that the staff of *Performance Orthopaedics & Sports Medicine* will make reasonable attempts to contact me prior to initiating treatment.

\_\_\_\_\_  
**Signature of Patient, Parent, or Legal Guardian**

\_\_\_\_\_  
**Date**

Please print name \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_