

# Blank Informed Consent Waiver for Medical Services

## Purpose

I, \_\_\_\_\_, hereby consent to receive medical services, examination, treatment, and/or procedures as recommended and provided by the healthcare provider(s) at

\_\_\_\_\_.

## Consent and Risks

I understand that medical services may involve risks and benefits. I have been given the opportunity to ask questions regarding the nature, risks, and alternatives to the proposed services, and all of my questions have been answered to my satisfaction.

## Voluntary Agreement

I acknowledge that I am voluntarily consenting to receive these medical services and that I may withdraw my consent at any time before or during the examination or treatment.

## Release and Waiver

I hereby release and hold harmless the healthcare provider(s) and their representatives from any liability for outcomes that may result from the services provided, except in cases of gross negligence or willful misconduct.

## Authorization

By signing below, I acknowledge that I have read and understood this Informed Consent Waiver and that I agree to its terms.

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider / Witness

\_\_\_\_\_  
Date