

# UrgentMED

UrgentMED.com

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact Info: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- MEDICAL CONSENT:** I consent to any medical treatments or procedures which may be performed on an outpatient basis (including emergency treatment or services), which may include but are not limited to medications, injections, taking of medical photographs, laboratory procedures, and/or x-ray examinations provided to me under the general and special instructions of the physicians, staff, or other health care providers of Anaheim Urgent Care, Inc. (DBA UrgentMED) and all its Associated Affiliates, (herein referred to as "UrgentMED") assisting my care.
- FINANCIAL AGREEMENT:** I understand that all charges are due at the time of service. I agree to pay UrgentMED for all charges for healthcare services and professional services provided to me by physicians and other healthcare professionals. Acceptable forms of payment include Cash, Visa, MasterCard, Discover and American Express.
- RELEASE OF MEDICAL INFORMATION:** I hereby authorize UrgentMED to release any information in my chart to any practitioner, doctor, hospital, or medical institution to which I may be referred to assist in my care. Additionally, I authorize UrgentMED to provide a copy of my medical records to my primary care physician (PCP) to allow for continuity of care.

**DISCLAIMER:** Please be advised that this COVID-19 Rapid Test Kit is pending Emergency Use Authorization by the FDA and has been validated by manufacturer against high complex molecular methodology. Furthermore, the FDA does not object from using such serological (antibody) tests that are less complex than molecular tests and solely used to identify antibodies to SARS-CoV-2 which causes the disease COVID-19. Results from antibody testing should not be used as the sole purpose to diagnose or exclude SARS-CoV-2 infection or to inform infection status. Positive results may be due to past or present infection with non-SARS-CoV-2 corona virus strains. Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic (usually performed by nasal or oral swab) should be considered to rule out infection.

I, the undersigned, hereby authorize Anaheim Urgent Care, Inc. (DBA UrgentMED) and all its Associated Affiliates to provide medical procedures to be performed on myself/child. By signing, I fully understand that I am responsible for any fees incurred regardless of insurance coverage or Medicare coverage.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_