

**Plaza Medical Centre**

700 N Pearl St, Suite N208  
Dallas, TX 75201  
Tel: (214) 999-9355



**Griego Family Medical Centre**

2701 S Hampton Rd, Suite 101  
Dallas, TX 75224  
Tel: (214) 330-9221

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**CONSENT TO TREATMENT AND RIGHT TO REFUSE TREATMENT**

**General Consent to Treatment:**

By signing below, I, (or my authorized representative on my behalf) authorize Metroplex Medical Centres to conduct any diagnostic examinations, tests and procedures and to provide any medications, treatment or therapy necessary to effectively assess and maintain my health, and to assess, diagnose and treat my illness or injuries. I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any particular diagnostic examination, test or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment.

**Right to Refuse Treatment:**

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.

**Patient Name:** \_\_\_\_\_

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