



Liberty Village, 9138 Arlon Street, Suite A-2  
Anchorage, AK, 99507

Main: (907) 248-2482  
Fax: (907) 248-0045  
www.myHealthClinicAK.com

## PATIENT CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby give my consent for myHealth Clinic, LLC to furnish medical care and treatment to \_\_\_\_\_ (print patient name) that is considered necessary and proper in diagnosing or treating a physical and/or mental condition.

\_\_\_\_\_  
Printed name of patient or person authorized to consent for the patient

\_\_\_\_\_  
Relationship to patient (self, parent, etc.)

\_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_  
Date