



Community Health Center of Central Missouri TREATMENT AUTHORIZATION AND CONSENT FORM FOR INCAPACITATED ADULT

The following form is designed for those situations where an incapacitated adult is not accompanied by their legal guardian. This consent gives authority for designated adults or a facility to arrange care for the patient in the event of a legal guardian's absence or emergency. This is extremely important, in that care cannot be provided to the patient without approval by the legal guardians, unless there is a written consent authorizing the facility or adult. This authorization will remain in effect until further written notice. In the event someone not listed below brings the patient in for care without proper documentation, we will be required to reschedule the appointment. This form does not allow the designated individual to provide written consent for more complex procedures not covered in the General Consent i.e. dental procedures such as extractions, periodontics, root canals.

Patient's Full Name

Patient's Address

City, State, Zip Code

Patient's Birth Date

The guardian does hereby authorize:

1. _____
2. _____
3. _____
4. _____

Guardian Signature

Date

Guardian (please print)

Date

Witness

Date