

GUILLERMO MARRERO, MD., P.A.
1000 Executive Dr. Ste 1
Oviedo, FL 32765

CONSENT OF TREATMENT

I, _____ am authorized and hereby give consent for
Patient/Guardian Name

Medical Staff of Guillermo Marrero, MD., P.A. to examine and render care to

_____. This consent will remain in effect until
Patient Name Here

revoked in writing.

Signature of Patient/Guardian

Date

*Please provide Guillermo Marrero, MD; P.A. a copy of your **driver's license** and **current insurance card**. Thank you!*