



Nelson A. Tajong M.D.
LAKESIDE GASTROENTEROLOGY & LIVER SPECIALIST

PLEASE ALLOW BETWEEN 7-14 BUSINESS DAYS FOR NOTIFICATIONS OF ALL NON URGENT LAB RESULTS, IMAGING, PATHOLOGY, PILL CAM, AND ANY OTHER TESTING.

ALL URGENT TESTING RESULTS WILL BE ADDRESSED AS THE DOCTOR RECEIVES THEM!

Signature of Patient or Guardian

Date

CONSENT FOR TREATMENT

I voluntarily give my permission to the health care providers of Lakeside Gastroenterology and Liver Specialists and such assistants as they may deem necessary to provide medical care services to me. I understand that by signing this form, I am authorizing them to treat me as long as I seek care from Lakeside Gastroenterology providers, or until I withdraw my consent.

Signature of Patient or Guardian

Date

Printed Name of Patient of Guardian

Relationship to Patient

A duplicate of faxed copy of this form is considered the same as the original document.