



LAKESIDE GASTROENTEROLOGY
& LIVER SPECIALIST

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**PLEASE ALLOW BETWEEN 7-14 BUSINESS DAYS FOR NOTIFICATIONS OF
ALL NON-URGENT LAB RESULTS, IMAGING, PATHOLOGY, PILL CAM, AND
ANY OTHER TESTING. ALL TESTING LABS/PATHOLOGY/IMAGING ETC.
REQUIRE'S AN OFFICE VISIT TO DISCUSS UNLESS STATED
OTHERWISE BY DR. TAJONG.**

**ALL URGENT TESTING RESULTS WILL BE ADDRESSED AS THE DOCTOR
RECEIVES THEM AND WE WILL NOTIFY PATIENT!**

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.