



**CENTRAL FLORIDA
PAIN MANAGEMENT**

A Prospira PainCare Center of Excellence

CONSENT FOR TREATMENT

I do hereby consent to treatment of my condition by the staff of Central Florida Pain Management. I also certify that no guarantees or assurances have been made to me as to the results that may be obtained as a result of procedures, treatment and/or techniques used by Central Florida Pain Management. I further understand that while I am being assessed and/or treated at Central Florida Pain Management will not be held responsible for any injury sustained outside of its immediate physical premises.

_____ Date: _____

Patient's Signature

_____ Date: _____

Alternate Signature (if patient cannot sign)