

I UNDERSTAND THAT MEDICAL PROVIDERS OF DAVID M. HAMPTON, M.D.P.A. WHO WILL BE EXAMINING ME INCLUDE PHYSICIANS, ADVANCED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.

- Advanced Nurse Practitioners are professional nurses educated to provide the full range of primary care services in the community and hospital settings. They are certified by the American Nurses Association or by nurse specialty organizations. They hold licenses from the state as Registered Professional Nurse Practitioners.
- Physician Assistants are skilled members of the health care team who are educated to work dependently with physicians and under their supervision provide diagnostic and therapeutic patient care.

I understand that I may request to be seen by a physician.

I authorize release of any information required for payment of provider and/or hospital charges for services rendered by David M. Hampton, M.D.P.A. or by one of his employees. I further authorize release of information to any hospital or medical facility I present myself to for medical care.

Yo he leído la información contenida al reverso de esta página en español y creo que la entiendo completamente. Todas mis preguntas en este tema/asunto han sido completamente contestadas.

Patient's Signature/Firma del Paciente

Date/Fecha

Guardian's Signature/Firma del Tutor

Date/Fecha

Witness's Signature/Firma del Testigo

Date/Fecha