

# Ali Sepehr, MD

### **Terms and Conditions of Service**

### **Medical Consent**

The care of the patient is under the control and supervision of Ali Sepehr, M.D. The undersigned consents to any medical/surgical treatments, x-ray examinations, laboratory tests and hospital services rendered under the general and special instructions of Dr. Ali Sepehr.

### **Release of Medical Information**

The OC Center for Facial Plastic Surgery is authorized to furnish from the patient's records necessary information to the referring physician, if any, and to the others to the extent required in connection with the collection of accounts or claims for medical insurance, aid or medical assistance to which the patient may be entitled.

## **Financial Agreement**

The patient, in consideration for the services to be rendered, shall pay The OC Center for Facial Plastic Surgery for professional services and facility fees. If this agreement is executed by a spouse or a financial guarantor, the spouse or financial guarantor shall be jointly and severally liable with the patient. Should accounts be referred to an attorney for collection, reasonable attorney's fees and collection expenses shall be payable, in addition to other amounts due.

Signature of Patient (if 18 years or older)	Date
Printed Name of Patient	
Signature of Patient's Representative	Date
Printed Name of Patient's Representative	