



Advantage Healthcare of Spartanburg

1205 John B. White, Sr. Blvd Spartanburg, SC 29306
864-574-6840 Dr. Ven Korikov

PATIENT ACCEPTANCE FORM

I hereby authorize the physicians and/or assistants of Advantage Healthcare of Spartanburg, to examine me, including X-rays, if indicated by the exam. I further authorize treatments deemed necessary by the findings and I wish all my medical records to be kept in strict confidence and not given to anyone without my written consent.

By signing your name below, you certify the accuracy of your medical and/or accident history and further certify that you present to the physicians for evaluation and/or treatment of a health related condition and for no other purpose. I clearly understand that I am totally responsible for payment should my insurance company deny payment or make payment to me.

All x-rays and office notes remain the property of this clinic.

DATE:

PRINT PATIENT NAME:

PATIENT SIGNATURE:

PARENT/GUARDIAN SIGNATURE:

WITNESS:
