



**APEX DERMATOLOGY
PATIENT INFORMATION PACKET**

The documents listed below are provided to patients in the normal course of business for Apex Dermatology, and I have been informed that additional copies and/or updates will be provided to me at my request.

I have received, read, and understand the following documents:

1. Consent for Medical Treatment, Administration or Local Anesthesia and Performance of Surgery and/or Procedures Necessary to the Practice of Dermatology
2. Insurance Coverage and Our Patient Form
3. Notice of Privacy Practices.

Signature of Patient

Date

If the patient is under the age of 18 years or unable to provide authorization

Signature of Parent or Legal Guardian

Date