

Consent for Treatment

*Prestige Way
4300 Keller Rd
Holt, MI 48842-1214
(517)694-2020
(517)694-2555*

As part of the services at *Prestige Way*, Dr. Harold F. Roth, visits the facility regularly and as needed per facility or patient's family request. Dr. Roth makes rounds and sees each resident whose responsible party has given permission to do so. I understand that Dr. Roth's fees are separate from this facility. Any questions regarding bills should be directed to Dr. Roth's billing service at (888)327-7047.

I give permission for _____ to be seen and treated by Dr. Roth.
(resident name)

Signature of Responsible Party or Legal Guardian

Date

Print Name of Responsible Party or Legal Guardian

Street Address

City

State

Zip Code

Home Phone

Cell Phone

If, at any time, you wish to discontinue Dr. Roth's services, you must notify his office in writing and by phone, so that we may have an adequate record of your request. Please direct your call to (517)485-1789 and speak with the Office Manager. Your written request should be sent to:

Harold F. Roth, D.O.
Attention: Office Manager
1627 Lake Lansing Road
Suite 200
Lansing, MI 48912-3788