

Dynamic Health Associates, P.A.
5015 Manatee Ave W, Suite 107
Bradenton, FL, 34209-3835

941.792.5578

941.792.8600

www.DynamicHealthBradenton.com

I, the patient, or the legal guardian/parent of the patient, acknowledge that a paper copy of the document was offered to me today.
I have elected to:

- 1) Take a printed copy of this document with me today
- 2) I refuse the printed document at this time.
I will access, read, download, or print this document from the web site of this practice

I understand that any violation of the policies contained herein may result in my permanent and irreversible discharge from the Dynamic Health Associates, P.A.

These protocols are per recommendations of the DEA. Please sign below:

I, _____, understand, accept and agree to the protocol and all the items listed above. I understand that failure to comply will lead to immediate termination of all prescription medications.

Print Name: _____ **Sign:** _____
This Consent was signed by the above

Relationship to patient: _____ **Date:** _____

Signature of Witness: _____