

## **Providers**

Harsimran Singh, MD

Mandeep Sidhu, PMHNP

Batrony Bazilme, PA-C

# **ALL FAMILY CARE PC**

## **Consent to Treat**

## **Offices**

### **All Family Care**

4120 N 108<sup>th</sup> Ave  
Ste 101  
Phoenix AZ.85037  
PH: 623-872-1818  
Fax: 623-872-1819

### **All Family Care**

700 N. Estrella Pkwy  
Suite 120  
Phoenix, AZ.85338  
PH: 623-925-0636  
Fax: 623-925-0367

### **All Family Care**

4220 N. 20<sup>th</sup> Ave  
Ste 300  
Phoenix, AZ. 85015  
PH: 602-704-4050  
Fax: 602-704-4051

### **Healing Edge Recovery and Wellness Center**

4220 N. 20<sup>th</sup> Ave  
Suite 100  
Phoenix, AZ. 85015  
Ph: 602-753-5544  
Fax: 602-753-5533

I, voluntarily consent to receive care and treatment from **ALL FAMILY CARE PC** and its providers, including but not limited to examinations, diagnostic tests, preventive care, procedures, and any other primary care services deemed necessary by my healthcare provider.

I understand that:

1. My healthcare provider will explain my diagnosis, treatment options, and any risks or benefits associated with the proposed care.
2. I have the right to ask questions, discuss concerns, and make informed decisions about my care.
3. I may refuse or withdraw consent for treatment at any time.
4. If additional or alternative treatments are necessary, further consent may be obtained as required.

Patient Signature:

Date: