

Marian Andrews, LLC

2829 Dallas St. Kennesaw, Georgia 30144 (770) 842-9885

Please Print

Client Information

Last Name _____ First Name _____ Gender _____
Home Address _____
City _____ State _____ Zip Code _____
Birth Date _____ Home Phone _____ Mobile _____
Employer _____
Emergency Contact _____ Relationship to Client _____
Contact Number _____

Client Consent to Treatment

I HEREBY AUTHORIZE MARIAN ANDREWS, LLC TO ADMINISTER TREATMENT. THIS IN NO WAY CONSTITUTES A WARRANTY OR GUARANTEE THAT MY PRESENT CONDITION WILL BE CURED. MARIAN ANDREWS, LLC WILL PROVIDE ME WITH THE BEST POSSIBLE CARE AVAILABLE, BUT NO ASSURANCE OF CURE IS TO BE ASSUMED. I SIGN THIS WILLINGLY AND VOLUNTARILY IN FULL UNDERSTANDING OF THE ABOVE AND IN SO DOING I RELEASE MARIAN ANDREWS, LLC FROM ANY AND ALL LIABILITY WHICH MAY ARISE FROM THIS ACTION, WHETHER OR NOT FORSEEN AT PRESENT.

Signature of Client or Legal Guardian / Date

Responsible Party Information

Same as above: Y/N _____

Last Name _____ First Name _____ Gender _____
Home Address _____
City _____ State _____ Zip Code _____
Contact Number _____
Relationship to Client _____

Agreement To Guarantee Payment

I UNDERSTAND THAT MARIAN ANDREWS, LLC IS PROVIDING PROFESSIONAL SERVICES TO AND ON BEHALF OF THE BEFORE MENTIONED CLIENT(S) AND I HEREBY AGREE TO ASSUME FULL RESPONSIBILITY FOR PAYMENT OF ALL REASONABLE CHARGES BY MARIAN ANDREWS, LLC ON RENDERING SUCH SERVICES. **I UNDERSTAND THAT ANY APPOINTMENTS NOT CANCELLED AT LEAST 24 HOURS IN ADVANCE WILL BE CHARGED TO ME AS THE RESPONSIBLE PARTY.** I HAVE READ, AND UNDERSTAND THE CONDITIONS ATTACHED TO THIS AGREEMENT AND AGREE TO ABIDE BY THOSE CONDITIONS.

Signature of Guarantor / Date