Atos

Consent Form

PATIENT INFORMATION

*REQUIRED

FIRST NAME*	MI	LAST NAME*	DATE OF BIRTH (MM/DD/YYYY)*

STREET*	CITY*	ST*	ZIP*

PATIENT TELEPHONE	PATIENT EMAIL	LANGUAGE PREFERENCE (IF NOT ENGLISH)
		❍ SPANISH ❍ OTHER _____

CLINICIAN NAME	CLINICIAN TELEPHONE	CLINICIAN EMAIL

IMPORTANT: TO ASSIGN AN AUTHORIZED REPRESENTATIVE TO COMMUNICATE WITH ATOS ON YOUR BEHALF, COMPLETE HERE

CAREGIVER NAME	CAREGIVER TELEPHONE	CAREGIVER EMAIL

CONSENT STATEMENT

IMPORTANT: Signature is required to receive ANY communications from Atos via email or telephone.

By signing this form, you are agreeing to receive telephone, written and electronic communications from Atos via the telephone number, mailing address, email address and/or electronic application profile information you have provided, including information regarding your products and orders. For marketing purposes, you are also requesting to receive promotions, product updates and company information from Atos. Please notify us if you do not wish to receive such communications and we will not use or disclose your information for these purposes. The complete Atos Medical Notice of HIPAA and Privacy Practices can be found online at www.atosmedical.us/privacy-policy-us

PATIENT SIGNATURE	DATE

FOR CLINICIAN USE ONLY

REQUESTS

❍ Getting Started Packet

❍ Coming Home Kit

Required for Coming Home:

DATE OF SURGERY (MM/DD/YY)*	HOSPITAL / CLINIC NAME*

If SHIPPING ADDRESS differs from PATIENT ADDRESS above, complete this entire section:

SHIP TO NAME			
SHIP TO ADDRESS			
CITY	STATE	ZIP	COUNTRY

CLINICIAN SIGNATURE	DATE

I certify the medical necessity of these items including any accessories for this patient. This section of the form and any statement on my letterhead attached here has been completed by me or by my employee(s) and reviewed by me. The foregoing information is true, accurate and complete and any falsification or omission of material fact may subject me to civil or criminal liability.

PRODUCT(S) DISPENSED

REF#	LOT#	QTY	REF#	LOT#	QTY
REF#	LOT#	QTY	REF#	LOT#	QTY

DISPENSED BY (Print name clearly)	DISPENSING LOCATION (Check one)	NOTES
_____ FROM (Check one) ❍ TSM Inv ❍ CE Inv ❍ RSM Inv ❍ Other Inv	❍ TEP ❍ VC ❍ SC ❍ CEV ❍ FV ❍ TS ❍ GBL ❍ CE Box	