MARTHA P. APONTE
D.P.M., P.C.
PODIATRIST
LONG ISLAND
NEW YORK

CONSENT FOR TREATMENT

I hereby consent and give my permission to Dr. Martha Aponte, DPM (and the doctor's assistants or designated replacement) to administer and perform such procedures upon me as the doctor deems necessary.

_____ _____

Signature Date

CERTIFICATE OF INSURANCE

I, _____, certify that:

I am a patient of Martha Patricia Aponte, Doctor of Podiatric Medicine, P.C.

I give permission to submit my claims to my insurance carrier on my behalf.

_____ _____

Signature Date

5507 Nesconset Highway St.12, Mt. Sinai NY 11766 Tel. (631) 473-6111 Fax (631) 473-3581 Mapontedpm@aol.com