



## **Informed Financial Consent Form for Nstride Injection**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Medical Procedure:** \_\_\_\_\_

### **Description of the Procedure:**

I, the undersigned patient, have been informed about the details of the medical procedure I will undergo.

### **Costs:**

I have been provided with the costs associated with the procedure. This fee includes the consumables for the procedure:

**Total Cost: \$1200**  
**Non-Refundable Deposit: \$200**

### **Acknowledgements:**

I acknowledge that I have read and understood the information provided in this Informed Financial Consent Form. I have had the opportunity to ask questions and discuss any concerns regarding the medical procedure and its associated costs.

I understand that the **deposit** I have paid for this procedure is **non-refundable**. If I choose to **cancel** my procedure, I will **not be refunded** my deposit unless there is a medical reason not to proceed.

By signing this form, I give my informed consent to proceed with the medical procedure mentioned above, understanding the financial implications involved.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_