



Certified Nurse Practitioner/Physician's Assistant Consent

The medical physicians of SWPG want you to know that they employ Certified Nurse Practitioners (CNP) and Physician's Assistants (PA) to assist them in a "team approach" to high quality delivery of medical care.

A Certified Nurse Practitioner (CNP) is a Registered Nurse who has completed graduate-level education for advanced medical decision making. Similarly, a Physician's Assistant (PA) is a graduate level healthcare professional who is licensed to practice medicine under the supervision of a physician. Both of these advanced healthcare professionals have the skills and education to take medical histories, perform physical exams, as well as order and interpret diagnostic tests. Although they are not physicians, working within the guidelines of SWPG medical physicians, these advanced skill professionals are licensed to make recommendations and implement treatment strategies for patients of Southwest Pain Group, including prescribing medications and authorizing refills. Since the physicians of SWPG are often in the operating room or off site at other facilities, CNP/PA's play a vital role in helping your doctor monitor your care. Rest assured that your care plan suggested by the CNP/PA is based on our past experience and success, and will be reviewed by your doctor as frequently as needed.

I have read the above and understand that in this practice a "team approach" is used, with my unique problems and/or needs presented and discussed with one or more physicians in the development of my care plan. I also understand that typically one M.D. will direct my overall care, but that from time-to-time, I may be seen by any or all the practitioners of the Southwest Pain Group, including Certified Nurse Practitioners or Physician's Assistants.

I hereby consent to the services of a Nurse Practitioner/Physician's Assistant for my health care needs.

I understand that I can refuse to see the Nurse Practitioner/Physician's Assistant, and request to see a Physician only. I understand that this may require my appointment to be re-scheduled.

Please check this box to acknowledge that you have read and accept the above.

Signature

Date

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