

Tuckahoe Orthopaedic Associates, Ltd. Orthopaedic Research of Virginia

Acknowledgement of Limited Relationship

I, _____ (*parent/guardian*), give permission for the associate physician of Tuckahoe Orthopaedic Associates, Ltd./Orthopaedic Research of Virginia to perform a pre-season physical examination upon _____ at King William High School. *(name of student)*

I understand that the associate physician is neither my regular doctor, nor my doctor for all health care matters. I understand that I am not the associate physician's patient.

I realize that my relationship with the associate physician is limited to the pre-season physical examination.

I know that the associate physician owes me no duty to treat any health problem I may have, including any health problem that may be identified as a result of the test, treatment or exam performed under this form. Any findings relating to the test, treatment or exam performed will be presented to me. I understand and acknowledge that it will be solely my duty to follow up with my own personal doctor about the results.

I understand that if associate physician refers me to another doctor or clinic for further treatment, it is my duty to make or keep that appointment and be sure that I get further care.

Signature of Patient or Responsible Party

Date and Time

Physician Signature

Date and Time