

# PATIENT INFORMED CONSENT FOR SPINAL TREATMENT

Dr. Alan E. Heilman, M. D.  
Fondren Orthopedic Group, L.L.P.  
Orthopedic Spinal Reconstructive Surgery  
7401 South Main  
Houston, Texas 77030  
713-799-2300

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Dr. Heilman is a board certified Orthopedic Spinal Surgeon from whom you have elected to obtain treatment. You will receive a handout on office policies that will be helpful in dealing with his office.

Dr. Heilman has elected to not manage patients with **pending litigation**. If you have litigation pending or have filed a lawsuit regarding the condition for which you are seeing Dr. Heilman, please inform his office staff immediately.

**Dr. Heilman will not provide expert testimony in your case, and he will not testify as to the causation of your injuries unless special approval is obtained from his office.**

Date: \_\_\_\_\_

Signature of patient: \_\_\_\_\_

If minor, parent signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Title: \_\_\_\_\_ Time: \_\_\_\_\_