



Asheville Regenerative Orthopedics
and Sports Medicine

Christie Lehman, M.D.

Consent for Treatment

I hereby consent to such treatment procedures and patient care which, in the judgment of my physician and/or provider, may be considered necessary or advisable while a patient at Asheville Regenerative Orthopedics and Sports Medicine. I also understand that Asheville Regenerative Orthopedics and Sports Medicine may use my patient treatment data for quality assurance and research purposes, and that my name or identity will not be connected with the data.

Signed: _____
Insured and/or Responsible Party

Dated: _____