



# Lowe Plastic Surgery (LPS)

## **FREE OR VOLUNTEER MEDICAL PROFESSIONAL AUTHORIZATION AND IMMUNITY STATEMENT**

1. I hereby authorize all the physicians providing free care and their staff at Lowe Plastics Surgery, as well as all volunteer medical providers participating in free care to render volunteer treatment to me.
2. I am aware that all designated “free” medical treatment provided by Lowe Plastic Surgery is indeed free and no payment for services will be required or requested from you or any other entity.
3. I am aware that by signing this form, I have granted immunity form legal action or lawsuits against any volunteer or free care medical provider and their staff at Lowe Plastic Surgery now and in the future. This immunity is also extended to any volunteer medical consultants or their staff associated with your free medical care at Lowe Plastic Surgery and covers any and all medical treatment dates.

I have read and fully understand the above and all my questions have been answered.

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Signature of Patient

Date

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Signature of Dr./Staff

Date

Rev 2014