

Online Medical Services Consent Form

Please read the information below and indicate your consent to participate in online medical services.

Consent Statement

By signing this form, I acknowledge that I have been informed about the nature of online medical services. I understand the risks, benefits, and alternatives. I consent to receive medical consultation and treatment through online telemedicine technology.

Full Name:

Date of Birth:

Email Address:

Signature (Type Your Name):

Date Signed:

☐ I have read and agree to the terms above.

Submit Consent