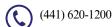
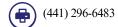


Dr. Alice Wilkenfeld 'The Ridings' 12 Point Finger Rd Paget, DV04 Bermuda









## Vesta Internal Medicine/Vesta Medical Services Ltd. Consent to Treat

Effective September 18, 2023

Thank you for choosing Vesta Internal Medicine and Dr. Alice Wilkenfeld for your primary care needs and internal medicine consultation(s). Dr. Wilkenfeld will utilize the most current and proven methods of evaluating and treating your medical condition(s) in accordance with Evidence-Based Medicine principles.

By signing this form, you grant Dr. Wilkenfeld and Vesta Internal Medicine consent to collect relevant prior medical records such as other doctors' visit notes, laboratory test results, diagnostic radiology reports (such as CT scan, X-ray, MRI etc.), and any other tests related to your condition. Please provide us with this information before your initial visit. Any new data or information should be forwarded to us before your next visit. Furthermore, we are authorized to communicate with any or all of your doctors and other health care providers involved with your care.

We adhere to the privacy regulations outlined by PIPA to safeguard your personal information. Our electronic medical record system is cloud based and encrypted to ensure the security of your sensitive data. Please be aware that our common areas are equipped with audio and visual surveillance for the safety and security of our patients, staff and property. By entering our medical practice, you acknowledge and consent to the presence of audio and video surveillance. Should you have concerns or queries, please contact our office manager for clarification.

Please acknowledge co	onsent below:		
I,	, have read and been	offered a copy of the Consent to Trea	ıt
form. My signature (el	ectronic or on paper) confers my cor	sent for treatment from Vesta Interna	ıl
Medicine/Vesta Medic	al Services Ltd., and Dr. Alice Wilke	nfeld.	
•	ze the sharing of your medical inform y member or guardian, please provide	nation with a trusted individual such a e their details below.	s a
Name	Relationship	Phone	
Name	Relationship	Phone	
Signature			
Date (m/d/y)			