



Uniquely Connected. For life.SM

**HERITAGE VALLEY
HEALTH SYSTEM**

FOOT & ANKLE

Kimberlee Hobizal, DPM
Tresa Wize, DPM
Specializing in Reconstruction & Trauma

**HERITAGE VALLEY HEALTH SYSTEM
PAIN TREATMENT WITH OPIOID MEDICATIONS PATIENT AGREEMENT**

HVMG Foot and Ankle

**Receipt of Notice of Pain Treatment with Opioid Medications Patient Agreement
Acknowledgement Statement**

I acknowledge I have received a copy Heritage Valley Medical Group Foot and Ankle Pain Treatment with Opioid Medications Patient Agreement.

Patient Name (Print) _____

Patient Signature _____ **Date** _____