

**Rehabilitation Physicians of Georgia, P.C. (RPG)**  
**Informed Consent Regarding Our In House Lab Services**

**Notice Regarding Our In House lab Services:** Our Practice utilizes owned laboratory equipment. Should you choose not to use our laboratory, please inform us immediately and provide us with the necessary information to access your preferred lab. Please be aware that choosing your preferred lab does not preclude RPG from ordering and requiring certain laboratory testing as part of our health care services to you.

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Patient Name (Please Print)

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Patient Signature

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Date