

Tim Patient Document

Signature

Received and agreed to the above proposed treatment.

Consent was given by the patient. The following is a list of the patient's consent to the proposed treatment and the patient's signature.

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- Patient's signature (printed name)
- Date
- Signature (printed name)
- Signature (printed name) (signature)
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- Signature (printed name) (signature)
- Signature (printed name) (signature)
- Signature (printed name) (signature)

For the patient and the attending physician, the following is a list of the patient's consent to the proposed treatment and the patient's signature.

Signature	Date	Signature (printed name)	Date

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