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128 East Milltown Road, Suite 105

Wooster, Ohio 44691

330-345-8060

**PATIENT CONSENT**

**Date:**

**Patient Name:**

**Patient Date of Birth:**

**Phone Number:**

**May we leave a message at your home with other residents?**

**( ) YES ( ) NO**

**Who may we talk to about your medical concerns?**

**(Relationship to you)**

**1.**

**2.**

**3.**

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**Patient Signature Date**