

**YOUR COMPANY STAMP
PLEASE**

PATIENT CONSENT

I hereby (PATIENT'S LAST NAME AND FIRST NAME) :

.....

- certify having received all the information concerning the treatment that I am going to get

TYPE OF TREATMENT :

CONFERENCE PLACE :

- I understand that this treatment is done in the following context :

LIVE DEMONSTRATIONS in front of a group of doctors

- I authorize the publication of all the documents, written or pictures, as well as videos resulting of this demonstration

- I understand that this treatment will be performed by Dr

or any other practitioner, expert in this field, chosen by him/her.

- I understand that this treatment does not involve any payment by my side

- I certify that I will strictly follow the prescriptions that will be given to me

- I fully trust Dr..... in using all the possible medical means available in order to achieve the expected result.

CERTIFICATE ESTABLISHED IN

On (DATE)

SIGNATURE :