



Orthopedic and Arthritis Surgery
Orthopedic Traumatology
Pediatric Orthopedic Surgery
Hand Surgery
Sports Medicine

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I hereby acknowledge that I received a copy of the medical practice's Notice of Privacy Practices.

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Printed Name: _____

Telephone: _____

If not signed by the patient, please indicate Relationship:

____ Parent or guardian of minor patient

____ Guardian or conservator of an incompetent patient

____ Beneficiary or personal representative of deceased patient

Name of Patient: _____

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