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CONSENT TO TREATMENT

I hereby authorize and give consent for Dr. Boris A. Khaimov to evaluate and to treat me / my child, _____ . I also consent to the release of information needed for my / child's treatment, or for healthcare operations (e.g. quality assurance) and payment claims related to the services provided. I will hold Dr. Boris A. Khaimov harmless from liability arising from such use or release.

Signed on _____ by _____

Relationship to Patient _____