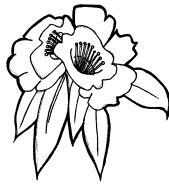


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Kathmandu Clinic Policies Agreement

I have read, agree and understand that the Kathmandu Clinic Policies and by signing below I accept these responsibilities

_____ Date _____
(Signature of Patient or Patient's Legal Representative)

(Printed Name of Patient or Patient's Legal Representative)