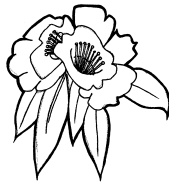


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Kathmandu Clinic

Patient Agreement and Clinic Policies Signature Page

I have read, agree and understand that the Kathmandu Clinic Patient Agreement and 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)