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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)