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Today's Date ____/____/____

Name _____
Last *First* *M.I.*

Date of Birth: ____/____/____

Biopsy Results

Please put the names of any person(s), that we will be able to discuss your medical information with.

I hereby give permission to Dr. Ingrid Warmuth to discuss my biopsy results from all dates of service with the following people:

Name Birth Date Telephone #

_____

_____

_____

_____

Signature Date