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. mari kanali

I, the undersigned, do hereby authorize the physicians, dentists, Mospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary

I also relieve the Hospital from any liability for loss or damage arising in any manner whetsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said

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## CONSENT TO DIAGNOSIS, TREATMENT AND CARE

I, the undersigned, do liereby authorize the physicians, dentists, Hospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary and advisable for the diagnosis, treatment and continuing care of

i also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed:\_

(patient or person legally Lauthorized to give consen

Relationship to nations.

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Date: