BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DOCUMENTS:

- **2017 CERTIFIED DERMATOLOGISTS CONSENT, FINANCIAL AGREEMENT, CONSENT TO TREATMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

- **CERTIFIED DERMATOLOGISTS NOTICE OF PRIVACY PRACTICES**

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Printed Name: _____

Printed Name of Patient (if different from above): _____

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