GARRETT H. BENNETT, M.D.
Sinus and Nasal Surgery
115 East 61st Street, Suite 7C
New York, NY 10065-8183
(212) 980-2600
Fax: (212) 991-3009

PATIENT ACKNOWLEDGEMENT

I. I, hereby state that I have received the above Notice of the Privacy Practices of Dr. Garrett Bennett.

Name of Patient

/ /

Signature **Date Received**

Signature of Patient Representative **Relationship to Patient**

II. I, hereby consent to medical care, tests, examinations determined by Dr. Garrett Bennett necessary for me.

/ /

Signature **Date Received**

Signature of Patient Representative **Relationship to Patient**

III. I, hereby consent to having photographs taken of me by Dr. Garrett Bennett. I understand that the photographs are an essential part in surgical planning and that they will be used in my medical record.

/ /

Signature **Date Received**

Signature of Patient Representative **Relationship to Patient**