

GARRETT H. BENNETT, M.D., P.C.

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PATIENT ACKNOWLEDGEMENT

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

Initial Here: _____

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

Initial Here: _____

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

Initial Here: _____

IV. All Professionals are independent practitioners and operate solely in separate capacities. In no way is Moustafa Mourad, M.D., City ENT PPLC. in any way affiliated, via a partnership or otherwise, with the medical practice of Garrett H. Bennett, M.D., P.C.

Initial Here: _____

Signature

Date Received

Signature of Patient Representative

Relationship to Patient