

Synapse Association Inc.
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PATIENT'S CONSENT TO TREATMENT OR PROCEDURE

I, the undersigned, consent to treatment or procedure by Synapse Association, Inc. , and have been duly informed of the nature, risk, possible complications, consequences of noncompliance, and available alternative methods of treatments. I understand that this treatment and/or procedure is for my health and here bey consent to this treatment to be performed by or under the direction of Dr. Mina Hah. I understand that the practice of medicine and surgery is not an exact science and have neither asked for nor received any guidelines or promises as to the results which will be obtained.

I, the undersigned, certify and acknowledge that I have read and understood the content of this contract, or content has been explained to me by an authorized general agent, and I accept all the terms of this contract.

Print Patient/Agent

Name: _____

Signature of

Patient/Agent: _____

Date: _____