

Telemedicine Consent Form

Patient Name			
First Name	Last Name		
Date of Birth			
Date			
Email			
example@example.com			
Phone Number			
Area Code	- Phone Number		
Address			
Street Address			
Street Address Line 2			
City	State / Province		

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Guardian Name	(if under 18 years)		
rst Name	Last Name		
ist Name	Lastivaine		
agree to terr	ns & conditions.		
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Date			
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