

A G R E E M E N T

池ノ上産婦人科医院

〒166-0001 豊田谷区北沢1丁目41-6号
TEL (3467)4608・0660

I hereby agree that upon requesting an operation by you, I will hold you harmless of any incidents occurring during and/or after the operation. In witness thereof, I hereunder affix my signature with my guarantor as witness.

Patient:

Name : _____
 Print Signature

Birth Date: _____

Address : _____

Guarantor:

Name : _____
 Print Signature

Address : _____