

Dr. David P. Violette  
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## GENERAL CONSENT FORM

The following  
procedure \_\_\_\_\_

has been explained and recommended to me.

I understand and accept the above treatment.

X \_\_\_\_\_ Date \_\_\_\_\_

I decline the treatment at this time and understand the possible consequences for  
doing so.

X \_\_\_\_\_ Date \_\_\_\_\_