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203 ROUTE 9 SOUTH  
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5 MOUNTAIN BLVD SUITE 7  
WARREN, NJ 07059  
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## PROCEDURE INFORMED CONSENT

I understand that my doctor may perform one or more small procedures as part of any office visit. These procedures may include wax removal, hearing test, or visualization of the nose and throat with order to complete a full evaluation of symptoms, and as a specialist, these tests can provide valuable diagnostic information than can ultimately help my condition. I therefore give consent to have these diagnostic procedures done so that I have the best chance possible of having a successful treatment course.

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Signature

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Date

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Witness  
(office staff)

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Date

