

The RINJ Foundation
Attending Doctor or Doctor's Representative
Acknowledgement and Release Form

I, (patient's name) _____, verify that my procedure has been completed.

I acknowledge that after my procedure, I have been given instructions to take any medications as directed and to immediately contact the office in the event of any unusual occurrences.

I warrant that I have been given a prescription _____ (initial)

I warrant that I will come for check-up as directed. I acknowledge that all of my questions regarding my release have been answered and that I shall follow all of the instructions of my release.

SPECIAL NOTES OR INSTRUCTIONS:

PATIENT SIGNATURE

DATE

OTHER SIGNATURE WHERE APPLICABLE

DOCTOR OR HIS REPRESENTATIVES