



**City ENT PLLC**

115 East 61<sup>st</sup> Street, Suite 7C

New York, NY 10065

(212) 832-0444

Fax: (212) 832-0009

## **PATIENT ACKNOWLEDGEMENT**

- I. I, hereby state that I have received the above Notice of the Privacy Practices of Dr. Moustafa Mourad, City ENT PLLC.

Initial Here: \_\_\_\_\_

- II. I, hereby consent to medical care, tests, examinations determined by Dr. Moustafa Mourad, City ENT PLLC necessary for me.

Initial Here: \_\_\_\_\_

- III. I, hereby consent to having photographs taken of me by Dr. Moustafa Mourad, City ENT PLLC. I understand that the photographs are an essential part in surgical planning and that they will be used in my medical record.

Initial Here: \_\_\_\_\_

- IV. All Professionals are independent practitioners and operate solely in separate capacities. In no way is Garrett H. Bennett, M.D., P.C. in any way affiliated, via a partnership or otherwise, with the medical practice of Moustafa W. Mourad, City ENT PLLC.

Initial Here: \_\_\_\_\_

---

**Signature**

**Date Received**

---

**Signature of Patient Representative**

**Relationship to Patient**