General Consent to Treat

O	ite #40 A, Rockville, MD 2 5 Fax: (301) 838-5956	20850 Email: jiaofengclinic@gmail.com	
		n and treatment by Jiao Feng Clinic, rvices considered necessary by the p	rovider
I understand I have the	right to ask questions an	nd decline any services.	
Signature:Patient Name:	Date: DOB:		