

**Pacific Frontier Medical, Inc.
Acknowledgement**

The patient or guardian acknowledge receipt of all 8 pages of this attached document that details office policies of Pacific Frontier Medical, Inc. last revised July 11, 2018. By signing, the patient and all patient's guardians agree to the "patient expectations" listed and acknowledge being informed of treatment and practice expectations, guidelines, cancellation policies, antibiotic side effects, posted privacy practices and conditions that would cause patient removal from the practice.

By signing, the patient and all patient guardians are confirming their receipt of knowledge that Dr. Steven Harris is an employee of IgeneX, Inc. and acknowledge receipt of the resume of Steven J. Harris, MD.

Print Patient Name: _____ Date: _____

Signature: _____

If patient is a minor, all legal guardians must sign below:

Print Parent Name: _____ Date: _____

Signature: _____

Print Parent Name: _____ Date: _____

Signature: _____