

# Informed Consent for Treatment

Dr. Raymond Rogers

Wednesday, March 4, 2020 at 12:27 PM (CST)

## Client Information

First name

Michelle

Last name

Dunkley

Email address

michelle.dunkley@hushmail.com

Phone number

I hereby give my consent to Dr. Raymond Rogers to evaluate, provide counseling services, and/or refer me to others as needed, and I hereby acknowledge that such consent will remain in effect unless and until I cancel such consent in writing.

Signature

*Michelle Dunkley*

Please sign with your full name

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