

## Brad K. Greenspan, MD

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### Patient Service Agreement

I, \_\_\_\_\_, hereby acknowledge having received a copy of  
Patient, parent (of minor child) or guardian  
the *Patient Service Agreement*, dated June, 2021. I understand that by signing below  
I am agreeing to the six (6) outlined provisions.

\_\_\_\_\_  
Signature of patient, parent (of minor child) or guardian

\_\_\_\_\_  
Date