



***Carroll Family Medicine, LLC***

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**This letter is to confirm that on \_\_\_\_\_,**

**(Date)**

**Carroll Family Medicine, LLC. received a verbal consent**

**From:** \_\_\_\_\_

**For:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

**Witness:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_