

INFORMED CONSENT

Date: _____

I hereby, acknowledge to accept medical treatment and/or procedure, for which I agree to exonerate of all legal, civil, administrative and/or medical responsibilities, that could result from the surgical procedure accomplished in the city of Mexicali, B.C. by Dr. Juan F. Arellano Ramos or any of his associates, employees, colleagues, medical staff as well as any other participants.

All foreign patients or alien residents accept to submit to Mexican law, abjuring to any other law or regulation that correspond to their present or future locations.

Patient's signature

Witness's signature

Physician's signature

Witness's signature