

HINDU TEMPLE SOCIETY OF THE CAPITAL DISTRICT, NEW YORK, INC.



**450 Albany Shaker Road
P.O. Box 11-650
Loudonville, New York 12211-1650
Tel: (518) 459-7272
www.hindutemplealbany.org**

Consent Letter

This is a free medical clinic by Hindu Temple of Albany run by volunteers. Any suggestion and treatment are advisory in nature. For detail, completeness and confirmation, you may see your own Physician.

Dr. Brij K Bajaj has volunteered to come once or twice a month. For acute and emergency care, you must seek Emergency Care.

You also hereby authorize him to release any medical information that may be necessary to Hospital or Diagnostic Center and discuss your health care issue with your family, if any exception, please specify here.

Date-----Signature-----

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____