



ALASKA BREAST &  
COSMETIC CENTER

Health. Hope. Confidence.

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**PATIENT SIGNATURE**

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**WITNESS SIGNATURE**

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**DATE**

The Board requires that all identifiable characteristics, with the exception of a full face photograph or photograph of a uniquely identifiable characteristic, be blanked out for submission of materials for the Oral Examination of The American Board of Plastic Surgery to protect patient privacy.

**\*\*PLEASE NOTE\*\***

**THIS FORM MUST BE SIGNED IN ORDER TO HAVE ANY PROCEDURE PERFORMED**