alterman, modi & wolter
seeta eye centers
GENERAL, MEDICAL, SURGICAL & LASER EYE CARE

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I have received a copy of the Notice of Privacy Practices for the office of:
Morton A. Alterman, M.D.
Satish S. Modi, M.D., F.R.C.S. (C)
Andreas Wolter, M.D.

_____ _____
Signature of Patient/Guardian Date

_____ _____
Printed Name of Patient/Guardian Date

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