## RECEIPT OF STANDARDIZED WRITTEN SUMMARY ON BREAST IMPLANTATION

I	acknowledge that
(Name of Patient)	<i>U</i>
I have received a copy of a written summary on breast imp	plantation given to me by my
physician,	·
(Name of Physician)	
Signature of Patient	Date of Receipt
Location where written summary is received	
(e.g. physician's office, hospital, etc.)	