

Bhawna Bahethi, MD, FACP

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## **Consent to Share Patient Information**

1	allow Dr. Bahethi,	
Patient name printed		
10. %		
and Staff to discuss all my medical conditions with _		·
	Name and Relationship to Patient	
This authorization shall remain in effect until I revoke	e the authorization in writing.	
Signature of Patient or Representative	Date	