



SOUTHERN NEW MEXICO
SURGERY CENTER

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I CERTIFY: This form has been explained to me; I have read the contents of this form or the contents have been read to me; I understand its contents; the explanation of the contents was made and all blanks or statements requiring insertion or completion were filled in and all items not applicable were stricken before I signed. I am participating of my own free will and I understand I will receive no monetary compensation now or in the future for my participation.

(Signature)

Date

(Witness)