
Patient/Agent/Relative/Guardian* (Signature) Date Time Print Name Relationship if other than patient

Telephonic Interpreter's ID # Date Time
OR

Signature: Interpreter Date Time Print: Interpreter's Name and Relationship to Patient

Witness to signature (Signature) Date Time Print Witness Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.