

1141 Pear Tree Lane, Suite 120, Napa, CA 94558 Telephone: (707) 258-6128 Fax: (707) 258-0606

I	acknowledge that I have received from OLE HEALTH, a copy of the
	ted October 2001. (Signature must be of the Parent or guardian if patient
is under 18 years of age).	
SIGNATURE	DATE
PATIENT NAME	DOB