

**ACKNOWLEDGEMENT WAIVER**

I, ✓ \_\_\_\_\_ of legal age, in reference to the policies and procedures explained at the time of admission and after being constantly informed, hereby grant ACEMC - Valenzuela permission to procure all the medicines/supplies as well as the different diagnostic procedures needed by the patient even without my affixed signature.

✓ \_\_\_\_\_  
Signature over Printed Name

✓ \_\_\_\_\_  
Relationship to Patient

✓ \_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

548 McArthur Highway. Malanday, Valenzuela City  
Telephone No.: (02) 366-0000 up to 05

**ACKNOWLEDGEMENT WAIVER**

I, ✓ \_\_\_\_\_ of legal age, in reference to the policies and procedures explained at the time of admission and after being constantly informed, hereby grant the ACEMC - Valenzuela permission to procure all the medicines/supplies as well as the different diagnostic procedures needed by the patient even without my affixed signature.

✓ \_\_\_\_\_  
Signature over Printed Name

✓ \_\_\_\_\_  
Relationship to Patient

✓ \_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

548 McArthur Highway. Malanday, Valenzuela City  
Telephone No.: (02) 366-0000 up to 05