

Complete Neuropsychology P.C.

Dr. Sara Malagold

1157 Broadway Hewlett, NY 11557

Telephone: 516-595-8565 Fax: 516-569-1273

Email: Completeneuropsych@gmail.com

PERMISSION TO EVALUATE/TREAT

I, _____, hereby authorize Dr. Sara Malagold to interview and examine me and to render treatment as necessary. I understand that any treatment procedure will be explained to me so as to help me to understand its potential risks and benefits.

Signature _____

Date _____

Witness _____