



# Yalamanchili Brain & Spine

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*Specializing in:* Intracranial Surgery – Microendoscopic Discectomy – Endoscopic Surgery – Spinal Instrumentation – Minimally Invasive Surgery - Cyberknife

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This authorization shall expire without my express revocation \_\_\_\_\_ months from the date marked below. I understand I have the right to withdraw this authorization at any time, except to the extent that action has been taken based on this authorization.

\_\_\_\_\_  
Signature of patient (or guardian)

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date

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