



GYNCECOLOGIC BOOKLET CONSENT FORM

NAME: _____

I have read or had explained to me the information from “Get The Facts About Gynecologic Cancer” about gynecologic cancer. I have had a chance to ask questions which were answered to my satisfaction. I understand the information that was provided to me and am aware of the different types of gynecologic cancer.

SIGNATURE: _____ DATE: _____

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831-751-6222

515 Alameda Ave, Ste C
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Salinas, CA 93906
831-754-2844

443 E. Alisal St, Ste C
Salinas, CA 93905
831-296-4443

915 Hilby Ave, Ste 22
Seaside, CA 93955
831-800-1571