

*C.C. MEDICAL SERVICES
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POLICY REGARDING PERFUMES, AFTER SHAVES, ETC.

I have been informed that C.C. Medical Services, PC does not allow the wearing of perfume, aftershave or any scented substance while in the office.

I understand that if I am wearing any such substance I may be asked to leave the office and will have to reschedule my visit.

* Signed _____ * Date _____