**AMCHI LOBSANG TSULTRIM**

**Practice for Traditional Tibetan Medicine**

**Patient declaration**

Name:

Date of birth:

Address:

Postcode and place:

Telephone number :

hereby I declare to take self responsibility to visit a Tibetan amchi for the traditional Tibetan way of consultation and advice. Besides the treatment of a Tibetan amchi, I continue my checkup and treatment from a general practitioner or specialist.

Place and date Signature

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