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D.T. Bhutia (Doctor Tibetan Medicine)
(Sowa-Rigpa)
Traditional Tibetan Medicine

Patient Declaration form

Name

Address

Postcode and place

Date of birth

Telephone

E-mail

I hereby declare to take responsibility for consulting and taking Tibetan Herbal supplements from Amchi Bhutia and continuing my Western medicine & regular check-up and treatment from my family doctor/specialist.

Place and date

Signature

Speenkruidstraat 39
3765AA Soest
The Netherlands
Chamber of Commerce No. 34244795

Practice hours Monday – Thursday from 10.00-17.00
Phone consult Monday – Thursday from 15.00-17.00
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