

# MA Online Second Opinion Service Agreement

Dear Associates Japan Co.,Ltd.

I, (name: \_\_\_\_\_), hereby disclose the details of my diagnosis and treatment of my disease and consult with the physician ( \_\_\_\_\_ ) for a second opinion on the direction and outlook of my future medical treatment and therapy through the MA Online Second Opinion Service. I will use the results of the consultation as a reference for my future treatment, etc. under my own responsibility.

In addition, the following people will be present at the consultation.

(Name: \_\_\_\_\_) (Relationship: \_\_\_\_\_)

(Name: \_\_\_\_\_) (Relationship: \_\_\_\_\_)

I agree that my proxy (Name: \_\_\_\_\_) will receive this service for my disease on my behalf.

Name of the patient :

Date of birth :

Current Address :

Contact phone number:

(If you have a proxy)

Name of the proxy :

Relationship to the patient :

Signature \_\_\_\_\_

## ★Notes★

- If you are delegating the application to a proxy, please fill in the proxy's name.  
Please submit a letter of proxy separately.
- The consent form must be filled out by the patient.
- If there is someone who will participate in the interview together with the patient, or if a proxy will participate in the interview on behalf of the patient, please check ✓ in the box above and fill in the name and relationship.
- Please note that the number of attendees is limited to three, including the applicant.
- Please download this form, fill it out, and send it as an attachment to an e-mail or by fax.

E-mail address: [info@ma-medicalconsulting.com](mailto:info@ma-medicalconsulting.com) Fax: 076-213-5552

Date of receipt (    /    /    )