

# STATEMENT OF CONSENT TO DATA PROCESSING

1. I, \_\_\_\_\_, hereby grant Dr Anton van Lierop Inc and subsidiaries to process my personal data for the purpose of treatment of my medical conditions and billing, which is attached to this declaration.
2. I am aware that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal Form.

Signed by the Data Subject: \_\_\_\_\_

Date: \_\_\_\_\_