**Consent for Survey on Hyperplastic Mammary Gland**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to complete the TCM Questionnaire for Hyperplastic Mammary Gland (HMG) provide a copy of my recent breast ultrasound to Dr. Weiying Zhang for the survey use. I will receive a free bottle of herbal massage cream after I complete the questionnaire online. I understand that the massage cream is made from natural herbs and is for external use only.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that all my information will be confidential and complied with HIPPA standard. Although some treatment is provided after the survey, I understand that this survey is not intended to treat or cure my breast disease.

Signature of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Orilife Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_