

Consent Form and Agreement

Naturopathic therapeutic procedures are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. These complications may include, but are not limited to, soreness, inflammation, soft tissue injury or bruising, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side-effects and complications is available upon request. It is also our policy to inform you of the procedure being performed and the risks and alternative treatments available. If your physician does not explain to your satisfaction, please ask for more information.

I have read and understand the above statements regarding treatment side-effects and I also understand that there is no guarantee for a specific cure or result. I consent and request Dr. Mario Roxas to administer such treatment deemed advisable, necessary or requested. I agree to hold him harmless from any claims, suits for damage or complications which may result from such treatment.

X

patient signature

date