



**ALIST WELLNESS CENTER LLC
25 EAST WILLOW ST
MILLBURN, NJ 07041
TEL: 973-912-4448 FAX: 973-912-4459**

CONSENT FOR OFFICE PROCEDURE

I, _____, hereby **authorize / consent to allow Certified Practitioners** of Alist Wellness Center LLC, to perform alternative therapies. The therapies offered to me are Colon Hydrotherapy. Colon Hydrotherapy is not intended to replace the relationship with your primary health care providers and my consultation is not intended as a Colon Hydrotherapist is not medical advice. They are intended as a sharing of knowledge and information from my education, research, training, and experience. As a Colon Hydrotherapist, I encourage you to be open to new information on the effectiveness of Colon Hydrotherapy and the fundamental role of diet, exercise, supplementation, stress management and emotional and mental work. I encourage you to make your own health decisions based upon your research and in partnership with your primary health care providers, ND, MD or otherwise.

I acknowledge that the information and service provided is not used to prescribe, recommend, diagnose or treat a health problem or disease. It is not a substitute for medical care. I further acknowledge that alternative methods of available treatment were discussed with me, and that I was given adequate opportunity to ask questions pertaining to this procedure and the alternative methods. I agree to hold harmless any and all personnel of the Alist Wellness Center LLC from any present or future liability arising from any of these procedures.

Client Signature:

Date:

Therapist Signature:

Date:

Cancellation Policy:

Cancellations or changes to scheduled appointments must be made 24 hours in advances of the scheduled appointment. Otherwise, you will be billed for the cost of service as a cancellation charge. Any check returned for insufficient funds will be subject to a \$35.00 processing fee.

If you calling after business hours, please leave a message on our voicemail indicating your appointment cancellation. The same charge applies for missing an appointment. Thank you.

Signature: _____ Date: _____