



MICROSCOPY CONSENT

I, _____

of the following address:

Telephone:

E-mail:

consent to having my blood screened by the Homeopath and Live Cell Microscopist of K-W Homeopathic Medicine and Wellness Clinic. I understand that a finger prick will be performed and that my specimen may be utilized confidentially for education or research and statistical gathering purposes.

I confirm that the decision to seek screening is solely my decision. I further confirm that the Live Cell Microscopist has represented to me that any screenings provided are for terrain assessment and educational purposes only, and not for medical diagnosis or treatment. I am encouraged to pursue all recommendations of my physician for treatment.

A toxic terrain can allow a disease process. Therefore, the goal is to manage that terrain as prevention only. I acknowledge that the information sought is of a nutritional nature. Any suggested nutrition is not intended as a primary therapy for a disease or symptom. Added schedules of food supplements are provided solely to upgrade and enhance the quality of food delivered through the diet.

I hereby certify that I am here on this and any subsequent visit solely on my own behalf and not as any federal, provincial or municipal agent on a mission of entrapment or investigation.

I understand the cost of treatment and agree to pay my account according to the guidelines set by K-W Homeopathic Medicine and Wellness Clinic. I also understand that all fees are non-refundable.

All information disclosed is confidential and remains within the premises of K-W Homeopathic Medicine and Wellness Clinic.

Dated and signed this _____ (day) of _____ (month) _____ (year)

Signature _____ Witness _____
(if under 18, parent or guardian signature)

.....see over for fees



K-W HOMEOPATHIC MEDICINE

..... AND WELLNESS CLINIC

751 King Street West, Suite 310
Kitchener, ON N2G 1E5

T (519) 603-0505 F (519) 653-2012

Cost of Consultation*

| | |
|--------------------------------------|-----------|
| Initial Screening, 1 hour 15 minutes | \$ 100.00 |
| Follow-up Visit, 30 minutes | \$ 65.00 |
| Follow-up Visit, 1 hour | \$ 90.00 |

* All prices to be understood HST extra.

Cancellations

48 hours notice is required for cancellations. A late cancellation fee of half of the amount of the session will apply. In case of emergency cancellations after hours please call (519) 603-0505 and leave a message.