



Informed Consent - Testing

For the use of Inergetix CoRe, Meridian Energy Analyzer Device (MEAD), Bio-impedance (BIA), Mineral Testing, Biomodulator, Hologram Bands, Energetic Detox, Energy Exerciser, Bio-frequency disc usage, Digital Photo, Cardiac Screening and Reconnected Healing.

I, _____, hereby authorize the use of alternative services upon me by the professional staff of Queen's Health Center II (QHC II). I understand that these methods (listed above) are considered experimental, simple, non-invasive services developed by recognized experts in their respective professional fields.

Based on Quantum Physics and the understanding of Vital Energy flow, these services have been clinically shown to be more sensitive than conventional routine testing in recognizing dysfunction in the body. When these services are integrated with bio-frequency and nutritional therapy, the potential benefits have been clinically shown to be very effective.

Potential Beneficial Effects: The positive effects include the relief of pain, relaxation of spastic muscles, relaxation of vaso-constricted blood vessels and subsequent vaso-dilation and improvement of circulation, reduction of bacterial, viral and fungal pathogens, enhanced nutrient uptake in diseased areas where micro-circulation exists and nutrients are poorly absorbed.

Potential Adverse Effects and Disadvantages: The use of concentrated nutrients and bio-energy may cause a reaction – meaning symptoms may get worse before they get better. Symptoms may include nausea, vomiting, lightheadedness, fatigue, acne, diarrhea, headache, muscle soreness or stiffness. As in traditional medicine, unforeseen adverse effects can occur, including worsening of pre-services symptoms, which may or may not be related to the service provided.

I have been made aware of the possibility of both complications and the beneficial effects that may result from these services, and I indemnify the Queen's Health Center II, and the staff of QHC II from any and all responsibility for such possible consequences. I agree I will not blame, hold responsible, or request any refunds for any adverse consequence of services. Furthermore, I have been informed that all services performed at QHC II should be done in conjunction with a primary health care physician of my choosing.

I have read this informed consent and understand it. I am not a minor (under the age of 18). Additionally, I am here on this day and any subsequent visit solely on my own behalf to seek natural remedies to help me attain optimal health.

Print Name: _____

Signature: _____

Date: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Email : _____