

Consent To Treat

Patient's Name: _____

This is to acknowledge that I have been informed and understand that:

- i) Any treatment or advice provided to me as a patient of Dr. Marsha Lowery N.D. is not mutually exclusive from any treatment or advice that I may be receiving now or in the future, from another health care provider.
- ii) I am at liberty to seek or continue medical care from a physician, surgeon, or other health care provider. Dr. Lowery.
- iii) The treatment and therapies provided or recommended by this clinic may be different than those usually offered by other licensed health care providers.
- iv) The treatments for cancer are adjunctive and the patient needs to maintain an on-going relationship with a surgeon or an oncologist.
- v) I hereby request and consent to the use of Naturopathic modalities within the scope of the practice for me (or on the patient named below, for whom I am legally responsible) by Dr. Lowery.
- vi) I understand the methods of treatment may include, but are not limited to naturopathic physical medicine modalities, parental therapy, herbal prescriptions, homeopathic prescriptions, pharmaceutical prescriptions, nutritional and lifestyle counseling, vitamin, mineral or nutraceutical supplementation.
- vii) I will notify Dr. Lowery immediately of any unanticipated or unpleasant effects associated with any substance prescribed.
- viii) I will keep Dr. Lowery informed of any pharmaceutical drug or nutritional supplement, which I am taking, in order to allow proper timing and dosage of herbs or other nutritional supplementation.
- ix) I will notify Dr. Lowery if I become pregnant.
- x) I understand that results are not guaranteed
- xi) I understand that all records will be kept confidential and will not be released without my written consent.

By signing below, I show that I have read, or have had read to me, the above consent to treatment. I will be informed of possible side effects for every procedure performed and treatment prescribed. I hereby authorize and consent to treatment and intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from Dr. Lowery.

ND

Patient or Guardian's Signature

Date