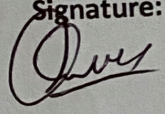
Informed Consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history.

I understand that the advice given is not intended to replace that of your Doctor or medical practitioner.

Client Name: Chris Turner

Signature: 

Date: 24/1/25.