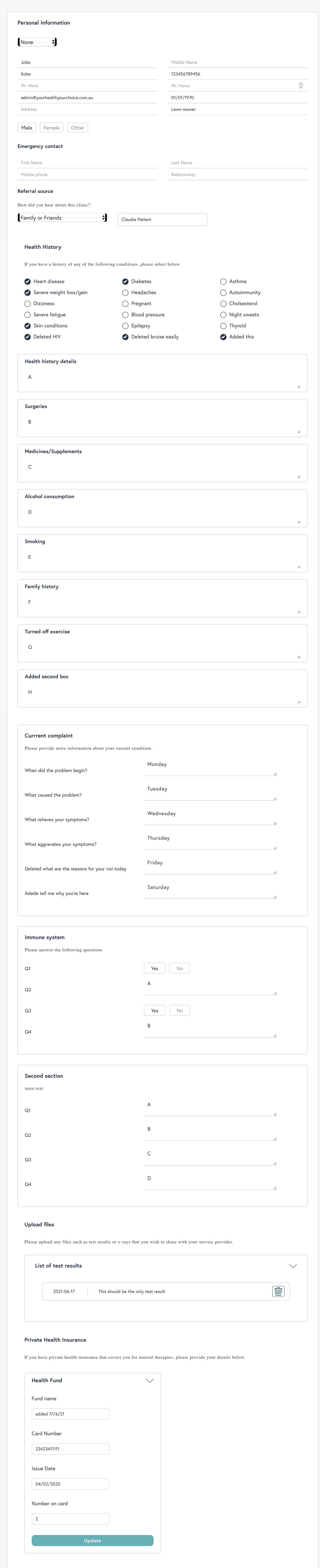


Intake form



Download

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 understand that I must update my

service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may

I consent to receiving correspondence via SMS and/or email from my service provider

Consent

Name

Type full name

apply if I do not provide at least 24 hours notice.

I consent to treatment