

Breast Thermography Center/ Serenity Health Resources

I understand that Dr. Kelly Paulsen, Christine Banerjee, Breast Thermography Center, Serenity Health Resources, and or any other attending Practitioner is not an allopathic doctor (MD) and does not portray themselves to be but is providing thermographic or other health wellness services. Procedures utilized include digital infrared camera, ultrasound screening, bone density screening or any other modality used.

Practitioner information should not be the only information relied on to make legal, business, medical or personal decisions, and the manufacturer and operator (Serenity Health Resources/Breast Thermography Center) specifically disclaims any responsibility for user actions based on provided information specified, inferred or interpreted.

I fully understand that the attending Practitioner does not offer allopathic drugs, surgery, chemical stimulants, or any other conventional treatments. In addition, Practitioner does not diagnose, treat or otherwise prescribe for my disease, conditions or illness, or perform any act that would constitute the practice of medicine for which a license is required.

I have solicited the attending Practitioner's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.

I am fully aware and release the Practitioner to perform thermographic imaging, wellness consultation and other natural health protocols. The team at the Breast Thermography Center and Serenity Health Resources respects your privacy and will maintain your session results under strict confidentiality.

I release the Practitioner from any liability whatsoever regarding my session. I take full and total responsibility for my health and I realize that success depends upon commitment on improving my own health.

By signing below, I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask any questions with regard to the described procedures, and that I hereby affirm: I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

Name *Please Print*

Signature

Date

Breast Thermography Center /Serenity Health Resources
224-358-2741

PAYMENT: Due at the time of service.

Mark which session you are purchasing:

| THERMOGRAPHY | |
|--------------------------|---|
| <input type="checkbox"/> | Breast Thermography \$265.00 |
| <input type="checkbox"/> | Torso / Half Body Thermography \$389.00 |
| <input type="checkbox"/> | Full Body Thermography \$549.00 |
| | |

How are you paying? (Please check one)

Credit Card: _____ Check: _____ (preferred) Cash: _____ (preferred)

CANCELLATION POLICY:

As part of our continued effort to provide you with the very best of service and accommodate all appointment requests, we have implemented a cancellation policy.

There is a 50% charge for cancellations made less than 24 hours in advance and a 100% charge for no-shows. (Extenuating circumstances will be considered).

I acknowledge I have read the cancellation policy:

Name *Please Print*

Signature

Date