

Privacy Policy

I have been given sufficient information to make an informed decision and consent to treatment. I am aware of the potential benefits, side effects and contraindications of the infusion medication and infusion therapy that my physician has ordered. I understand that I have the right to refuse the recommended therapy at any time. I acknowledge that I have read and fully understand this consent, related documents, and that all blanks or statements requiring insertion or completion were filled in before I affixed my signature. No guarantees or promises have been made to me regarding the outcome of the treatment. I also authorize the company to photograph, video and/or use any other mediums which result in the permanent documentation of my image for safety, medical, scientific, marketing or educational purposes. I agree that any such photographs taken pursuant to this authorization, which are not required by law to be retained, may be disposed of by the company so long as the manner of disposition shall be permanent destruction.

Signature

Date