

# IRIE Natural Center for Health

Dr. Sonya M. Johnson, ND

## Informed Consent Form

I understand that the evaluation, diagnosis and treatment by Dr. Johnson at IRIE Natural Health Center, may include, but is not limited to:

- Intake
- Physical examination
- Botanical medicine including cannabinoid medicine
- Homeopathic remedies
- Nutritional Medicine (nutritional supplements, intravenous (IV) micronutrient therapy and intramuscular (IM) injection therapy)
- Dietary Counseling
- Acupuncture and Cupping
- Chelation therapy (calcium EDTA, EDTA disodium and hydrogen peroxide chelation therapy)
- Prescription medication to be filled at pharmacy
- Over-the-counter medications

As with all forms of medicine, I understand I am informed that there are risks and benefits with evaluation, diagnosis, and treatment, including but not limited to:

Potential Risks: discomfort or minor bruising from Acupuncture or cupping; allergic reaction to prescribed herbs, supplements, or prescription medicine; a temporary aggravation of preexisting symptoms.

Potential Benefits: restoration of the body's optimal functioning capacity, relief of pain and/or disease symptoms, assistance in disease or injury recovery, and prevention of disease progression or recurrence.

Notice to Pregnant Women: all female patients must alert Dr. Johnson if they know or suspect that they are pregnant, as certain therapies could pose a risk to pregnancy.

By signing below, I (print name) \_\_\_\_\_ (DOB \_\_\_\_\_)

acknowledge that I have been provided ample opportunity to read this form, or that it has been read to me. I understand that it is my responsibility to request that Dr. Johnson explain all therapies and procedure to my satisfaction during our consultations and I acknowledge that no guarantees have been offered to me concerning the results intended from the treatment.

Furthermore, I acknowledge and agree that in the event of a medical emergency or when urgent medical care is necessary, I will seek urgent care or go to the nearest emergency room. I intend for this consent form to cover the entire course of the treatment for my present condition, as well as any future conditions for which I may seek treatment at IRIE Natural Health Center.

### FEES ARE DUE AT TIME OF SERVICE

Every effort is made to keep fees low and affordable. Maximum clinic visit fees are as follows:

- General medicine: Initial intake \$200, Follow-up visits \$95
- Bio-identical Hormone replacement therapy consultation \$200
- IV therapy \$125/ \$60 and may be higher for specialized protocols
- B12 injection \$25, B complex injection \$35, Fat burning injection \$25/ \$40
- HCG weight loss program 23 day \$299, 42 day \$429
- Acupuncture and cupping (Initial/Follow-up \$75/\$45)
- Prolotherapy (Initial/Follow-up \$150/\$95)
- Botanical tinctures 1oz/2oz \$15/\$30
- MMJ Certification (\$270/ \$195), MMJ Evaluation (\$100)

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Signature of patient or guardian