

**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. Including medical marijuana and the potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding,

By signing below, I (**print name**) _____ 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 \$245, Follow-up visits \$125
- Bio-identical Hormone replacement therapy consultation \$245
- IV therapy Myers Cocktail Vitamin mineral infusion \$75-\$150 may be higher for specialized protocols
- B12 injection #5 for \$29, Fat burning injection #3 \$39, Magnesium injection \$25 , Testosterone injection \$25
- HCG weight loss program 23 day \$299, 42 day \$429
- Acupuncture and cupping (Initial/Follow-up \$99/\$65
- Botanical tinctures 1oz/2oz \$20/\$35
- **New Patient** MMJ Certification (\$290/ \$215), Physician Certification (\$65), Physical Exam (\$65), Processing (\$10)
- **Renewal Patient** MMJ Certification (\$245/ \$170), , Physician Certification (\$65), Physical Exam (\$20)Processing (\$10)
- MMJ Evaluation (\$65)

Signature of patient or guardian

Date