

NATURAL HEALTH PRACTICES PEMF THERAPY RELEASE FORM

PLEASE PRINT CLEARLY

Full Name:	Nickname:
Mailing Address:	Apt #:
City and State:	Zip:
Email Address:	Phone:
Preferred primary method of contact (circle one): Email Phone Call Text Message	Whom may we thank for referring you to us?

I _____, hereby request Pulsed Magnetic Cellular Exercise (aka PEMF therapy) at Natural Health Practices. I understand that the Pulse Centers System produces magnetic field energy, which passes freely through tissue for the purpose of cellular exercise to promote and support a sense of wellbeing. I understand that the Pulse Centers System is not intended for the diagnosis, treatment or cure of any medical condition and that the Pulse Centers System is not considered a medical device. Instead, PEMF devices optimize the body's natural self-healing and self-regulating function.

Do NOT use PEMF therapy if:

- You have an implanted electronic device including: pacemaker, defibrillator, cochlear hearing device, spinal stimulator, etc.
- You are pregnant.
- You have been diagnosed with Grave's disease or are actively bleeding.

Before beginning a PEMF session:

- Please remove all external metal (electronic or battery-operated devices, keys, wallets, metal belt buckles, cards with magnetic strips, such as credit cards and hotel keys, jewelry, hearing aids, etc.)
- Inform your PEMF practitioner of the location of any metal implants you may have.
- Consult with a licensed health care provider if you are unsure whether pulsed magnetic cellular exercise is right for you.

During your PEMF session:

- If you experience any natural reactions such as nausea, headache, fatigue or any uncomfortable sensations, let your PEMF practitioner know right away.

Beyond what is stated above, I understand that other risks associated with a pulsed magnetic exercise session are unforeseeable and that Natural Health Practices and its employees cannot accept any liability for loss or damages incurred as the result of the PEMF therapy (Pulse Centers System) session. I reserve the right to use the knowledge I have gained in the care of my own body in any legal manner I may choose. I have read this form and voluntarily agree to the PEMF session on my person assuming all liability for any and all results and consequences.

I have carefully read, fully understand, and agree to comply with the above safety instructions. This agreement is in effect for all future PEMF therapy sessions/treatments at Natural Health Practices and will not expire unless requested by either party.

Patient Signature: _____

Today's Date: _____