

## **CONSENT OF TREATMENT**

Healthier Life Medicine PLLC (“Healthier Life”) aims to provide individualized disease prevention evaluation and recommendations. Our care does not substitute for routine physical exams and health screenings with your primary care provider.

By signing below, you voluntarily consent to the rendering of medical care, including such diagnostic and medical procedures to be performed by a Healthier Life physician or his or her designee, as is necessary in his or her judgment.

I understand that medical diagnosis and treatment may involve risk. I understand that therapeutic and diagnostic procedures will not be performed on me unless or until I have had the opportunity to discuss such procedures and the risks associated therewith to my complete satisfaction with my physician or other health care professional.

I understand that the practice of medicine is not an exact science and I acknowledge that no guarantee has been made to me promising any specific result or outcome from any diagnostic or therapeutic treatment performed by Healthier Life.

I understand that I have the right to refuse or withhold my consent to any proposed diagnostic or therapeutic procedure.

I confirm that I have read and understand the above statement.