

Consent and Release of Liability

Medications

PATIENT INFORMATION

truthfully answered the above list of contra-indications for this therapy. Avazzi QRS does not prescribe medical treatmen diagnoses. It is recommended that I see a physician for any physical ailment that I result for any physical ailment for any physic	OATE:		_	
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damaga logg or injury to aither person or	ONTRAINDICATIONS OR CAUTIONS	YE	S/NO	their representatives, or practitioners for any damage, loss or injury to either person or
property. I am in good health and have no				property. I am in good health and have no
Cardiac paccinakers of other		_		physical limitations, which should affect my safe
visa of the devices. I am at least 19 years of				use of the devices. I am at least 18 years of age
Tregnant of the series less the series of th				and otherwise legally competent to sign this
Cardiac Fiormation		O	O	agreement, This release shall be effective and
hinding young my against and ma	•	0	0	
Diugs of Alcohol				
Sensitivity to Electrical Current Lack of Sensation of Skin O O Patient Signature				Patient Signature
Lack of Schsation of Skill		_		
Phlebitis or Thrombophlebitis O O High or Low Blood Pressure O O		_		
6		_		
High or Low Blood Sugar O O Severe Mental Disorder O O Date:	-			D 4
Severe Mental Disorder O O Date: Epileptic Tendencies O O				Date:
Menstruating Uterus O O Printed Name: ———————————————————————————————————				Printed Name:
Organ Transplants O O Practitioner Disclosure		_		Practitionar Disalogura
Cancerous Lesions O O I have in trust & faith advised the patient and				
1				recognize that the patient has been forthcoming with
	•			any questions I may have asked regarding any
	•			possible conditions that I may have foreseen within
Recent surgery O O the wisdom of my practice:		_		the wisdom of my practice:
Open Wounds OOO Practitioner Initials:				Practitioner Initials :