CONSENT FORM

- We have been acknowledged about the disease, its prognosis, plan of treatment, duration of treatment and the cost of treatment.
- I am aware that the outcome of homeopathic treatment varies in each individual and cannot be guaranteed.
- I agree that the package charges are to be paid before the commencement of treatment.
- If we take gaps/discontinue ongoing treatment without Doctor's advice within given term period, I am aware that the gap will not be taken into consideration & amount is non-refundable.
- I understand that the block of time period has been set for my appointment and so 48hrs prior notification is must required if you wish to postpone your appointment.
- I understand that patient's health information is private and confidential. I understand the staff at Samvedna works hard to protect patient's privacy and preserve the patient's personal health information.
- I agree that our video and photographs can use educational/publicity purpose with our consent.
- I have read all the above terms and agree them all.

Patient's name: **Signature:**

Parent's name: **Date:**