

INFORMED CONSENT AGREEMENT

Patient Name-----

Telephone Number-----

Address-----

1. The BEST system combines a computer software system called a Hololinguistic processor with non-invasive electrodermal biofeedback that conducts a comprehensive meridian stress assessment only. It doesn't provide the type of objective management that can be used for making a medical diagnosis. It will however, help to display stress patterns and assist in finding products to improve meridian balance and function.
2. I understand that electrodermal testing has not been scientifically proven to be reliable and my physician must still rely upon my observations as to the efficacy of the test and the treatment.
3. I fully understand that I am not here for medical diagnostic or treatment procedures. The results of this stress vector survey procedure does not constitute a medical diagnosis and the recommendations made are not meant to replace or interfere with treatments or medication provided by my medical doctor.
4. Risk/Discomfort: because the procedure requires only the measurement of changes in the electrical properties of the skin with a sensitive meter, it is extremely safe. The only discomfort that can be reasonably anticipated is minimal, due to probe pressure at the site on the hand or foot from which the measurements are taken.
5. This procedure is to be used in addition to established diagnostic procedures. It is complimentary and not intended to be used as an alternative. The procedure, policies and protocol that have been established for this procedure, involve the use of techniques, which are yet to be established to the satisfaction of the orthodox scientific bodies.
6. The BEST system is FDA registered but not FDA approved at present.
7. This procedure is restricted to consultation on the subject of energetic matters intended for the maintenance of the best possible state of energetic balance. This does not involve diagnosing or prescribing remedies for the treatment of the disease.
8. I have been provided with the opportunity to ask any pertinent questions I have regarding this testing and treatment program.

Patient-----

Witness-----

Parent/Guardian-----