

Living Suite

“Achieve optimum balance the healthy way”

LIABILITY STATEMENT ---- LIVING SUITE

I, _____(printed signature), fully understand that

Glenn D. Wollman, MD. is not functioning as my primary treating physician.

I understand that the consultation is confined solely and exclusively to the choice of physicians, healers and treatment programs (plans). I understand and agree that no formal treatment will be provided.

By signing this form that explains these limitations, I acknowledge that I am not relying upon Glenn Wollman, MD. for medical care and that I have the right to make my own decisions regarding the advice given during the consultations.

The Service being paid for specifically does not include the providing of medical services or treatments. Payment is due at time of consultation.

_____(signature) _____(date)