

CORSELLO COMMUNICATIONS

Corsello Dispensary
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CLIENT CONSENT FORM

PRACTICE PHILOSOPHY:

The focus of our practice is long-term maximum wellness. To this end we are in partnership with you and we require your full cooperation. It is important to remember that we do not use conventional pharmaceutical medications. Our commitment is to provide you with the best innovative, non-toxic and non-invasive care. Protocols ***are aimed at long-term, gentle alleviation of presenting problems and underlying causes.*** Should you encounter any problems with your prescribed program, please call our office regarding the nutrient in question. If the office is unavailable at that time, leave a message and discontinue the troublesome nutrient. Temporarily stopping a nutrient will not pose a health risk to you.

We are not an emergency medicine or crisis intervention center. You are therefore required to maintain the service of a primary care physician (i.e. internist, cardiologist, oncologist, gynecologist, etc.). **If you do not have a physician, we will be delighted to refer you to one.**

Given the likelihood that our protocols will be unfamiliar to you, we suggest that you read Dr. Corsello's book, "The Ageless Woman". You can obtain a copy from our office or by calling **Corsello Dispensary, Inc.** at **212-727-3600**. This book will give you a more thorough understanding of our wellness philosophy and anti-aging protocols.

CANCELLATION POLICY:

Dr. Corsello requires **48 hours cancellation notice**. FIRST TIME VISITS REQUIRE 4 DAY CANCELLATION NOTICE. You will be billed a full service fee for failure to give ample notice. To this end, your credit card number is required when scheduling the initial appointment.

FINANCIAL RESPONSIBILITIES:

Payments for First Initial Appointments are due in advance and follow-up payments are due the day of appointment. We accept checks, cash, MasterCard, Visa, American Express and Discover. Any returned checks will incur an additional processing fee of **\$25.00 each**.

INSURANCE INFORMATION:

I understand that this service is not a medical intervention but solely an EDUCATIONAL plan of action and will generate no insurance form. I furthermore agree to notify Corsello Communications on any change in my health status.

My signature below attests that I have read and understood all of the information contained herein and agree to abide by the above Office Policies set forth by Corsello Communications.

Client Name (please print): _____ Date: _____

Client Signature: _____

Client Signature (if client is a minor): _____