

Consent for REZEN Detox Program

Doctor Acupuncture in Korean Medicine
2720 N. Harbor Blvd. suite 120, Fullerton CA 92835
T. 714-519-3775

1. This program is non-refundable in part or in full.

Exceptions are made only in the following case.

If you develop a new illness in the middle of this program, bring your doctor's note and we will give you a partial refund proportionally to days from the date the doctor's note was written. (ex, if you bring a doctor's note written on the date 2 weeks after the start, 50% of the discounted final charge will be refunded)

2. If you make visits all 8 times in 4 weeks, you will receive gift on the last day of treatment (30 days after the first visit).

3. You make visits a total of 8 times in 4 weeks, and the doctor believes that the REZEN Detox Diet was successfully completed, and you also consent to us using some of the patient information* for promotional purposes. If you do, we will give you an additional gift on the last day of treatment.

(* : Age, First letter of last name, Gender, data of INBODY and FITBIT, Symptom changes during treatment)

4. You agree to provide this clinic with daily physical activities, sleep, heart beat rate changes, etc. through the patient's FITBIT.

5. Packages Provided

a. REZEN Formula : 30 packs in one box, 3 times a day, 10 days

b. Electrolyte Drink Mix : 6 packs, 2~3 times a day, for 2~3 days, provided by clinic

* After the first 2-3 days, you have to purchase the same product yourself and use it until the end of the program.

c. FITBIT Fitness Band

d. Personal Training : one time trial

e. INBODY Test and Consultation :

f. Intensive Care of Belly Fat (50 mins per visit) : Heating Pad 10 mins + Electro-Acupuncture 10 mins + Auto-Cupping Machine & Infrared Dome Therapy 30 mins

6. Prior Consent

- a. It's the patient's responsibility to provide any and all health information before & during treatments. (such as pregnancy, heart disease, pacemaker, epilepsy, or venous thrombosis etc.)
- b. Electro-acupuncture is used, which can cause bruising in some patients.
- c. During the total of 8 visits, even if you are unable to visit this clinic due to your own circumstances, there will be no partial or full refund.
- d. Even if you do not use REZEN Formula, Electrolyte Drink, Fitbit, Personal Training, InBody Test and Consultation in whole or in part due to your own circumstances, there is no partial or full refund.
- e. The program starts today when you fill out this consent form and the last day of this program is () m () d () year. All 8 visits must be completed by the last day, after which the remaining sessions cannot be used.

7. I confirm that I understand and agree to all of the above, and will fulfill them as they are.

Patient Name :

Date :

Signature :

8. I and my staff will do our best to provide consultation and treatment for the above patients, and promise to respond to the patient at any time regarding the REZEN Detox Program even out of office hours.

Doctor's Name :

Personal phone # :

Signature :

Schedule and Check-in Confirmation

/	Initial Consultation		
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