

First Name _____	M.I. _____	Last Name _____	Email _____
Address _____		City _____	State _____ Zip _____ Sex M F
Phone:(____) _____	DOB _____	Occupation _____	Employer _____
In case of emergency contact _____		Relationship to Patient _____	Phone _____

1. Skin Lesion Treatment: Your signature below constitutes informed consent, signifying that you have read the relevant Skin Treatment flyer and that you understand all of its content, including your express understanding that every person responds differently to therapy and that some treatments may not result in 100% satisfaction. Although the results are better and safer than any alternate treatment currently available, perfection is not always possible and you acknowledge this fact before the treatment. Particularly, some lesions are oily or their pigment is deeper under the skin's surface, requiring a second or (rarely) third application within 3-24 months.

2. The skin treatment is guaranteed as follows: Repeated needed evaluations and re-treatments of lesions that were previously treated are **FREE OF CHARGE FOR LIFE. No refunds!** All proceeds from treatments are donated to humanitarian projects and no funds will remain for personal use or refunds.

4. Grievances: We are here to serve you. Please speak with Dr. T or email/Skype him (the coordinator will assist you) about any upsetting matters without delay, to address concerns. Your constructive comments aid us in helping you and others more efficiently and compassionately.

The Undersigned releases and agrees to hold harmless _____ (Ecopolitan coordinator's name) and any related organization, volunteer or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in Dr. Adiel Tel-Oren's Skin Clinic. The Undersigned has been advised and understands the procedure as well as after-care instructions as a participant in the Skin Clinic. **I acknowledge** that I have been advised of the risks involved in this procedure and

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees. I understand and agree to the above on this _____ day of _____, 20____.

Consent to treat a minor child: I, _____, parent or legal guardian of _____, do hereby give consent for Dr. Tel-Oren to perform a skin clinic procedure on this child. This consent is valid for this date only. Parent/guardian signature: _____ Date: _____

Notes: _____ **Coordinator Initials** _____

Receipt: For services provided By MDCA / Dr. Tel-Oren on the date of _____, the amount of _____ has been paid by _____

Payment Form: _____ Balance: _____ Signature: _____