

# Ionic Cleanse Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Any major health problems: \_\_\_\_\_

List any medications currently taken: \_\_\_\_\_

\_\_\_\_\_

What kind of work do you do? \_\_\_\_\_

Do you have a pacemaker or any other electrical implant? YES/NO

Have you ever had an organ transplant or organ removal? YES/NO

Are you pregnant or breastfeeding? YES/NO

Are you on any mental health medications? YES/NO

Are you on a blood pressure medication? YES/NO

Does blood pressure rise if you miss one or more doses? YES/NO

Do you take medications for heart disease? YES/NO

Are you on any blood thinning medication? YES/NO

Are you a Hemophiliac? YES/NO

Are you currently taking a course of chemotherapy treatment? YES/NO

The Ionic Cleanse is not intended to treat, cure, prevent, or diagnose any disease or ailment. It assists your body to rebalance its bio-energy fields, and stimulates the body for self-detoxification. It can help you to Regain Health and Vitality. Many people report feeling more comfortable & having increased energy after only a few sessions.

I certify that everything on this form is true & correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_