iMed

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Request and Consent to Provide Evaluation and Treatment

I hereby request and consent to allow Maria I. Bermudez Fresse, M.D. (Preventive Medicine Associates, LLC, DBA iMed®) to provide medical and other care, including but not limited to examination, diagnostic procedures, and treatments. I am requesting for me and/or my child, to be evaluated and treated as an individual and request that the physician lowers the threshold for reasonableness when providing such services, exploring, as needed, environmental, immune, nutritional, hormonal, infectious, and other causes for my complaints. I understand that, to meet my requests, the physician may need to deviate form the current standards of care to provide a service above current standards, using her own clinical experience, that of other physicians who provide similar services, and the most updated peer reviewed literature available. At no time the physician lacks my informed consent for treatment. I acknowledge that I may rescind this consent at any time. Signatures of all legal guardians are required for a minor to be treated. If unable to provide other guardian's signature, please explain why.

Name of Patient: _____ DOB: _____

Name of Guardian (if patient is a minor) _____

Signature (Patient or Guardian) _____ Date: _____