



# KUKANA COLONICS

*Colon Hydrotherapy*

## Patient Consent Form

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

**Phone:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I fully understand, and it has been explained to me that Ms, Susan Yarnevich is not a physician or a medical doctor. I also understand and accept that the treatment of Hydrotherapy (colonics) or any other treatment I have received today and/or will be undergoing in the Future is not intended to prevent, cure, prescribe or diagnose any illness or disease. I further agree that any herbal or nutritional supplements I purchase from Ms. Yarnevich, I do so of my own free will.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### A loving message to my clients

1. Payment is due at the time of each treatment, unless special arrangements are made in advance.
2. Cancellation must be made 24 hours prior to your appointment to avoid being billed for your missed appointment.
3. Please be on time in order that you receive the full benefit of your treatment.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_