



INFORMED CONSENT

I am being evaluated by Candy Lewis Williams, ND. and have read her [credentials](#). I understand I will first undergo a comprehensive preliminary evaluation by an experienced naturopath and trichologist. This evaluation will determine if I am a suitable candidate for The Lotus Concept's personalized Tricho-Wellness Program. This preliminary evaluation will include a comprehensive hair loss consultation, a scalp evaluation if available which includes standard medical photography (no face shown), and microscopic photography for which I give consent. I have completed all required consultation forms and have emailed to drcandy@thelotusconcept.com 48 hours prior to my scheduled appointment time. I also understand that although The Lotus Concept has had many extremely successful results and satisfied clients, each client is different and like any medical or cosmetic treatment, results will vary depending on a large number of factors. I acknowledge that it is my responsibility to inform The Lotus Concept of any changes in my medical condition no matter how slight and agree to read all product labels and treatment information provided to me so I can understand my treatments and get the best possible results.

I understand some general recommendations will be made based on the initial consultation. If it is determined that I need additional lab test for a more complete evaluation or am not a candidate for a treatment program, I will be informed. I also understand it is my responsibility to keep my appointments with Candy Lewis Williams, ND. and have read the cancelation policy.

SIGNATURE _____

DATE _____