



Oasis Naturopathic



5220 N. Dysart Rd, Suite E156, Litchfield Park, AZ 85340, 623-925-2722

CONSENT FOR EVALUATION AND TREATMENT

I voluntarily apply for evaluation/treatment with Dr. Marie Santora, a Naturopathic Physician, and understand, consent, and agree as follows:

1. I have been informed that Dr. Santora is a naturopathic physician licensed to practice naturopathic medicine in the State of Arizona (Lic. 03-725), and that I will be treated with Naturopathic modalities including, but not limited to the following:
 - Nutritional supplementation
 - Diet Counseling
 - Acupuncture
 - Botanical Medicine
 - Hydrotherapy
 - Individual Counseling
 - I.V. therapy
 - I.M. injections
 - Mind/Body Therapy
2. Information developed as part of evaluation/treatment is confidential but may be released to those parties as required by law such as:
 - In a medical emergencies involving danger to self or to others
 - Upon presentation, or reasonable suspicion of abandonment/neglect or physical/sexual abuse of a child or elder
 - A court order
 - Insurance billing claim requirements
 - Upon receipt of a properly executed consent form
 - And where otherwise legally required
3. Treatment is individualized to specific needs and may result in emotional and physical discomfort through the healing and recovery process.
4. Nothing should be construed as a cure for those disease states considered terminal or incurable.
5. You have the right to withdraw form this agreement at any time.

Patient Name (print) _____

Patient Signature _____ Date _____