DR JOHN P SALERNO

SALERNO WELLNESS

CONSENT FORM

PREFERRED OFFICE LOCATION

☐ NY ☐ CT

I have come to the Salerno Wellness Center seeking treatment. I understand that some of the treatments provided, as outlined below, may be considered experimental by many medical professionals. These treatments might not have been approved by certain medical groups on the grounds that they are not yet proven to be safe, effective, or in accordance with common, customary, and reasonable medical standards. I acknowledge that my informed consent is required to proceed with any treatment.

Financial Responsibility
I understand that reimbursement from my insurance company for the cost of these treatments cannot be guaranteed. I agree to provide prompt payment and understand that treatment may be discontinued if payments are not made in a timely manner.

Voluntary Participation
I acknowledge that the choice to undergo this treatment is entirely mine. I understand that I have the right to discontinue treatment at any time and may seek alternative treatments elsewhere.

No Guarantee of Results
I understand that while this treatment may benefit me and has helped others, no specific results are guaranteed. I release Dr. Salerno, his office, and any treating staff from any legal responsibility for harm resulting from this treatment.

My signature below constitutes a full and final release of any legal responsibility resulting from the administration of this treatment or any additional medical interventions required as a result.

Potential Treatments and Tests Include:

Treatments:
- Aesthetic Treatments
- Bioidentical Hormone Replacement Therapy
- Bemer (Electromagnetic Therapy)
- Chelation Therapy
- Diabetes Therapy
- Hyperbaric Oxygen Chamber Therapy
- Inhalation Nebulizer Treatments
- Intravenous ("IV") Therapies: Vitamin infusions, calcium EDTA and/or DMPS chelation, Argentyn Silver, Methylene Blue, hydration, and others
- Osteopathic Manipulation Treatment
- Peptide, MIC, and B12 Subcutaneous/Intramuscular Injections
- Stem Cell Therapy
- Ultraviolet Blood Irradiation Therapy
- Weight Loss Therapy

Tests:
- Blood Tests
- EKG (Electrocardiogram)
- Heavy Metal Challenge Test
- Sleep Apnea Test
- Spirometry / Pulmonary Function Test (P.F.T.)
- Throat/Nasal/Urine Cultures
- Thyroid Stimulation Test (T.R.H.)
- Ultrasound

I have read and understood the description of the therapy outlined above, or it has been translated into a language I understand. I acknowledge that my participation in these treatments is voluntary, and I am aware of other treatment options available to me.

PATIENT'S NAME	DATE	WITNESS'S NAME

PATIENT'S SIGNATURE	WITNESS'S SIGNATURE