

**Functional Endocrinology of Ohio
Dr. Keith Ungar, D.C.**

Complimentary Consultation Terms

1. I understand that today's consultation is complimentary and is used to determine whether or not I am a candidate for care and that the initial consultation will be in a group setting.
2. I understand that the consultation process does not establish me as a patient under any doctors' care here at Functional Endocrinology of Ohio and there is no doctor-patient relationship or obligation.
3. I am aware that after the consultation, I may not be accepted as a patient.
4. I understand that the doctors are not able to and do not accept every case. The doctors' schedules are extremely busy and they strictly limit the number of new patients they accept so as to ensure a high quality of care.
5. Please fill out all paperwork completely to the best of your knowledge. Do not leave anything blank. If paperwork is not filled out completely, the doctors may refuse to the consultation.
6. Please be aware that we do not regulate prescribed medications and you will need to be under the care of a medical doctor or a doctor licensed to prescribe medication if you are taking any prescribed medication. If you become a patient, we will work in conjunction with your prescribing doctor.

I have read, understand and accept the terms of the complimentary consultation.

Name: _____ (please print)

Signature: _____

Date: _____