

village health clinic

naturopathic medical & midwifery care

TERMS AND CONDITIONS:

MISSED / RESCHEDULED APPOINTMENTS WITH LESS THAN 48 HOURS NOTICE WILL RESULT IN A CHARGE FOR THE FULL COST OF THE MISSED APPOINTMENT. PAYMENT FOR SERVICES, IE. CONSULTATIONS, LAB PROCEDURES AND MEDICAL THERAPY, IS DUE AT THE TIME SERVICE IS RENDERED. MEDICATIONS MAY BE RETURNED WITHIN 7 DAYS OF PURCHASE ONLY IF UNDAMAGED AND SEALED. COMPOUNDED MEDICATIONS A FINAL SALE. THE PATIENT ACKNOWLEDGES THAT ANY MEDICAL TREATMENT HAS POTENTIAL RISKS AND SIDE EFFECTS AND CONSENT TO TREATMENT. I UNDERSTAND THE TERMS AND CONDITIONS AS STATED ABOVE.

SIGNATURE: _____

SAMPLE DAILY DIET (Choose a typical day and include food and liquids)

MEAL (Breakfast, lunch, dinner, or snacks)	TIME	FOOD DESCRIPTION AND QUANTITY (for example: 1 cup oatmeal, 1 apple, 1 glass of 2% milk)	BEVERAGES (water, juice, pop, coffee, tea,...) and quantity (1 cup)

Thank you for letting us take care of you