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CONSENT FOR CONSULTATION

I consent to an herbal consultation and herbal remedies from Errant Empire Herbal Medicine Dispensary Ltd. I grant permission to David (herbalist) to render appropriate health evaluations that includes but is not limited to diagnostic evaluations and health consultations working alongside my personal physician.

____ (Initial) I give permission to Errant Empire and David to communicate (not diagnose) possible health conditions that relate to common symptoms and to work alongside a personal physician or professional health care provider in the best herbal medicines and holistic nutrition approach to alleviating such concerns.

I understand that the information provided is not a diagnosis of a condition but of the best approach to eating healthy and herbal support to help reduce disease. I understand that no guarantee or assurance has been made in eliminating disease or curing any condition.

I hereby agree to be responsible to Errant Empire Herbal Medicine and to the consultants for any and all charges that are incurred during my initial admission, consultation and holistic plan provided that it is not covered by insurance.

Date: _____

Signature: _____