

Bio Resonance Agreement and Waiver

- Signing this form indicates that you are voluntarily and with full knowledge willing to undergo a procedure referred to as BioResonance Therapy (BRT).

This is a method of modern bioenergetic science. Treatment is based on bio-physics (the physics of life processes), a field of study in German and British universities that has not yet been widely applied in medicine. The human body is seen as a sea of energy. This energy is made up of electromagnetic fields consisting of physical oscillations (waveforms). These oscillations control body processes and different cells send and receive oscillations at specific frequencies (wavelengths). Neurophysiology is one area where this is recognised and many hospitals use EEG instruments, which measure “brain waves” for diagnosis.

BioResonance Therapy, (BRT) is therapy with oscillations received by the Matrix Decoder instrument either from the body or from substances, such as viruses or allergens. The Matrix decoder instrument picks up signals from the body through electrodes and returns them in a modified form. Pathological oscillations can be ‘inverted’ through a mirror circuit to reduce or even eliminate their harmful effect. The aim of BRT is to re-establish the body’s ability to regulate itself. Allergy treatment requires abstention from some foods for a few weeks. Possible reactions are tiredness and headaches but these symptoms usually subside after a short time. As the procedure involves only the measurement of changes in the energy flow of the

body with a sensitive meter, it is completely safe.

At no time is it stated or implied that a client should discontinue taking any medication as prescribed by his or her physician.

At no time will there be any implied or stated indication to any client to discontinue care under the direction of another physician.

This procedure is not intended, implied, or stated to take the place of any conventional medical test or diagnostic procedure.

At no time can this office guarantee to resolve a current health concern, however, it has been found that client compliance to the complete recommended therapy usually results in greater and more consistent changes towards better health.

This office reserves the right to dismiss any client at any time due to poor compliance with the practitioner's recommended program.

I have fully read and understand the above information, the elements of my informed consent, my rights and responsibilities, and hereby give consent to the BioResonance Therapy procedure.

By using this form you agree that we will store the questionnaire results for our meeting with you. You can request its deletion at anytime.

- Informed Consent*

- I agree (check and sign)
- Contacting you*
 - I agree (check and sign)
- Please check here so we can contact you by email or text with information about goods and services which we feel may be of interest to you.

Signature

Comments:

This field is for validation purposes and should be left unchanged.
