



Phone Call Consent Form

Name: (first, last) _____

DOB: _____

Phone: _____

Email: _____

Address Street: _____

City, State, Zip: _____

I, fully understand and am aware that I am speaking with the doctor in order to let him know about my condition. I know he will not be providing me with any medical advice. I understand that if I do want medical advice from the doctor, my only option is to see him in person at his practice. I release all liability from Regenerative Medicine LA, and the physician by signing this letter. I understand he will not prescribe me any medication whatsoever or order any tests on my behalf unless I physically am treated in person.

I waive my rights to file a complaint with the medical board of California or take any legal action against Regenerative Medicine LA or any doctor I speak with over the phone. I authorize all charges to my credit card as a being valid and I waive my right to dispute the charges as the office is giving me their time that I am paying for. I understand that there is a fee to the initial consultation and I agree to the charge as being valid. I have attached a copy of my driver's license to this letter to prove my identity.

X _____
Signature

X _____
Printed Name

Date

Drivers License Copy Below:

