



Bernhoft Center For
Advanced Medicine

Robin A. Bernhoft, MD, FACS
MEDICAL DIRECTOR

GERNERAL INFORMED CONSENT (Continued)

I authorize the medical and nursing staff of Robin A. Bernhoft, MD, to perform diagnostic tests and administer treatment plans for allergy, immune disorders, nutritional disorders, cancer, autism and other chronic medical conditions. I fully recognize that the treatments I will receive may include nutrient, herbal, oxidative, functional, integrative alternative, preventive and/or conventional therapies. I also understand that: 1) the safety and efficacy of many such therapies has not been established with controlled studies; 2) specifically, no claim to cure cancer with these therapies has been made to me; 3) Dr. Robin Bernhoft will NOT be providing hospitalized care or emergency care for me from this clinic; and 4) the therapies I receive will compliment the care I receive from my primary care physician and will not replace them.

I, therefore, assume the risk involved and hold harmless the attending physician and staff members of this medical practice with respect to unpredictable reactions or adverse effects of these therapies, assuming proper administration.

Signature _____

Date _____

Print Name _____

Name of Patient _____