

Colorado's Best Colonics

19731 E. Pikes Peak Ct.
Parker, CO 80138

Please read the following policy and ask questions before signing.

I understand that Colorado's Best Colonics, nor any therapist working in conjunction with Colorado's Best Colonics, imply or intend 1) diagnosis, 2) claims to treat or cure any condition, 3) claims that any supplements suggested would cure any condition, and 4) prescribe for or treat any disease. WE DO SUGGEST that you seek the advice of a medical doctor for concerns about any pathology (disease).

I understand that Colorado's Best Colonics, or any therapist working in conjunction with Colorado's Best Colonics, and staff, are not taking the place of a medical doctor. If I feel that my health concerns warrant the supervision of a doctor then it is my responsibility to seek the proper help and advice.

I understand that if at any time during the session I feel uncomfortable with any of the proceedings or that the therapist is going against any of the aforementioned policies, I will bring it up at the time of the session.

I understand that if I have difficulty inserting the colonic speculum myself that I may request that the therapist assist.

I understand that payment is due at the time of service, and that pre- paid packages are non refundable.

I have read the above policy, my therapist has verbally addressed any questions or concerns that I have and I am in agreement with this policy completely as indicated by my signature below.

Signature: _____ Date: _____

Print Name: _____ Date: _____