



Consent Agreement for Nutritional Assessment

Patient Name: _____

LFVN Member: No Yes Dist. ID _____

Street Address: _____

Weight _____ Height _____ Body Fat _____%

City: _____

State: _____ Zip: _____

Phone Number:() _____

Email: _____

General Understanding: I understand that ROYAL MEDICAL GROUP, PLLC (“RMG”) practices “unconventional” or “unorthodox” medicine, also known as “alternative”, “complementary”, “holistic”, “integrative”, and/or “wellness” medicine. I also understand that RMG physicians are medically licensed in Nevada, Utah and Wisconsin, and will perform either a telemedicine nutritional assessment or homeopathic consult via email and/or phone.

Informed Consent: I understand that I have the right to refuse to consent to a nutritional assessment and any recommendations resulting from such assessment by RMG. I do consent to allowing RMG review my medical records, prescribe tests, and make recommendations based upon such review of records and test results.

Scientific Research: I consent to the use of my lab reports and clinical results for research and scientific purposes, provided my identity is kept confidential. I also consent to taking a nutritional product (“Protandim®”) and participating in a clinical review and assessment of the effects of this product on my micronutrient levels.

Patient Treatment: I understand that RMG uses an innovative approach to the treatment of nutritional deficiencies identified by Lab. Such approach may include, but is not limited to, use of Protandim®, along with instructions for use of this product. Such products are not included in cost of assessment or consultation.

Patient Evaluation: I understand a MicroNutrient blood test may be ordered to assess my nutritional status and that such test may be performed by SpectraCell Laboratories (“Lab”). In such case, a test kit will be shipped to me from Lab but I will be responsible for obtaining the blood draw, paying for any expenses associated with said draw, as well as for the test, and returning blood sample to the lab. I agree to allow RMG to send my lab results to me via email, fax, or online where I have access to them with a password. I understand the electronic report is the only copy I will be sent and a hard copy will not be sent in addition.

Test Pricing: I understand the price for MicroNutrient Lab testing is as follows: (1) \$160 (ONE HUNDRED SIXTY DOLLARS AND NO CENTS) as co-pay for insurance billing; or, (2) \$320 (THREE HUNDRED TWENTY DOLLARS AND NO CENTS) for cash without insurance. If I choose to have my insurance billed, I agree to provide a copy of my insurance card or insurance information to Lab and/or RMG. **NOTE:** CIGNA, Medicaid, and Blue Cross/Blue Shield in TX, IL, OK, NM, SC and TN are not billable insurances and cash must be paid.

Administrative Fee: I understand that RMG will charge a one-time administration fee for its services as follows: \$100 (ONE HUNDRED DOLLARS and NO CENTS) for initial and follow-up assessment. Such payment is due prior to or at the time of initial assessment. A secure payment may be made by credit card or PayPal either on the RMG website located at www.royalmedicalclinic.com or by providing such information directly to RMG via telephone, fax, or email.

Guarantees: I acknowledge that RMG has not made any promises or guarantees to me regarding my medical condition(s) and that RMG’s assessment does not constitute a physician-patient relationship.

Governing Law: This Agreement shall be interpreted and enforced in accordance with the laws of Nevada.

Severability: If any term, provision or condition of this Agreement, or any application thereof, should be held by a court of competent jurisdiction to be invalid, void, or unenforceable, all other provisions of this Agreement shall continue in full force and effect and not be adversely affected, impaired or invalidated thereby.

Arbitration: I agree that any claim or dispute arising out of this Agreement shall be subject to binding arbitration pursuant to the Commercial Rules of the American Arbitration Association (AAA) and conducted by a single AAA arbitrator in Henderson, Nevada. In no event shall either party be entitled to punitive damages.

Therefore, I, _____, being of sound mind, and having read the above information, fully understand my rights and responsibilities and hereby consent to a nutritional assessment or homeopathic consultation with RMG.

Signature: _____

Date: _____