

Consent Form

150 Old Laramie Trail E #120 | drleslie@ndburgess.com

Services Provided

General Consultations, Laboratory work-ups, Physical exams, I.M. injections, biofeedback including neurofeedback training, guidance and preparations of herbal medications, manual therapies

Services Not Provided

obstetrics, surgery, chiropractic adjustments, or administration of radioactive substances

I, Dr. Leslie Burgess, am a Naturopathic Doctor registered under Title 12, Article 36, of the Colorado Revised Statutes. I recommend that the patient signing this document have a primary care provider. I will not recommend discontinuation of a medication without speaking with the prescriber so that good continuation of care is provided to the patient.

I acknowledge receipt of the above disclosure statement and give my informed consent for treatment by signing my name.

Patient Name:

Signature:

Date of Birth:

Primary Care Provider:

Provider Number:

Any complaints against a health care provider can be made to the Department of Regulatory Affairs (DORA).