

# Rejuvenation & Well Being, LLC

## New Client Instructions and Office Policies

### First Appointments & Office Visits

- Please bring the following to your first appointment:
  - All prescription and non-prescription (over the counter) drugs
  - All supplements including vitamins, minerals, herbals, protein powders
  - Food Diary (if given to you) filled out with as much detail as possible
  - Recent blood tests
- Please do NOT take any supplements 4 hours before your visit. DO take any prescribed medications.
- For follow up visits: please bring an accurate count of your Standard Process supplements so we can order accordingly.
- Please arrive 5-10 minutes prior to appointment time. If you arrive late, we may not be able to extend your visit, as that would take time away from another client's time.

### Scheduling Appointments

- Your scheduled appointment is our first priority. If you need to reschedule, please notify us at least 2 business days in advance to avoid a service charge. A missed appointment or cancellation within this time will be charged at full rate.
- A valid credit card is required for new patients when scheduling an appointment. If the appointment is missed or canceled without 48 hour notice, the credit card on file will be charged the full appointment fee.

### Payment

- Payment by cash, check or credit card is required at your visit. We do not bill for insurance.

### Product Orders

- Orders are shipped by Standard Process within 48 hours unless otherwise stated. Saturdays, Sundays, and holidays are not included.
- If you believe a mistake was made in your shipment (wrong supplement received, etc.), please contact our office immediately so we can get what you need and reconcile the sale accordingly.
- Please call our office if you are in need of products between consultations.

## **Returning Products**

- Supplements are food products and are not able to be returned. Please check your purchases carefully.

## **Questions About Your Health, Products or Protocol**

- If you have a question about your program or supplements, we want to answer it appropriately. Staff members are not allowed to dispense information regarding your health or supplement usage. If your question requires more than a simple yes or no answer regarding the above, then a scheduled consultation appointment is required.
- Dawn receives all communications concerning your questions. She has a very busy schedule and may not be available to review your folder until the end of the day. Dawn or a staff member will respond within 24 hours.
- If you are experiencing anything uncomfortable or unusual, please call our office immediately. For emergency-related medical issues, please contact your medical doctor or the emergency center.
- Be aware that your prescription needs are likely to change as your overall health improves. Be responsible for paying attention to how you are feeling and promptly discuss with your physician any changes you are experiencing.

## **The Success Of Your Treatments Is Dependent On:**

- **The healing partnership between you and your healthcare provider.**  
You always have a choice in whether or not to follow the suggestions given to you. Understand that some of the suggestions are crucial to facilitate the healing process.
- **Consistency.**  
Remember, the success of this process depends upon your close adherence to following your supplement protocol. If you are inconsistent with your protocol, it will take longer to reach your health goals. We've seen great successes for those who follow their protocols. We are honored to be assisting you in achieving good health and well being.

## **Congratulations On Your Commitment To Your Health!**

Welcome to Rejuvenation & Well Being, LLC. We look forward to serving you. If you have any questions, please feel free to contact us.

I have read and agree to the above.

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Signature and Date

## Waiver and Release

I, \_\_\_\_\_ (the "Undersigned"), hereby consent to care at the Rejuvenation & Well Being, LLC at 315 E Cotati Ave # A, Cotati, CA 94931.

I understand that such procedures are non-invasive. The clinic and all of its employees assume no responsibility for medical conditions requiring the attention of a medical doctor, or necessary adjustments to prescribed medications during or after the completion of care.

Nutritional Protocols obtained at Rejuvenation & Well Being, LLC serve as recommendations for patients to naturally support the body's physiological and biochemical processes, and not to diagnose, treat, cure or prevent any disease or condition. There is no warranty or guarantee expressed or implied in the Acupoint Nutritional Testing or supplement protocols and products purchased. You are responsible for the outcome of your current habits and your commitment to health programs. We are here to support you in that endeavor, not to replace your individual and personal responsibility for your health. Products recommended for clients have not been evaluated by the Food and Drug Administration. Always consult with your professional health care provider before changing any medication or adding Vitamins or nutritional supplements to your regime.

I understand that the BioPhotot Celluma Light Therapy has been evaluated and approved by the FDA for specific uses and agree to follow all recommended safety and use procedures if and when using it.

**Waiver of All Claims:** Client recognizes there are risks of injury or bodily harm from any ingestion of products into the body from many different causes and the client expressly assumes all such risks and agree to hold Rejuvenation & Well Being, LLC and its practitioners harmless there from. The Client acknowledges and accepts the risks inherent in the use of Nutritional Products. In consideration of Rejuvenation & Well Being, LLC Being extending products & services, the Client agrees to waive all claims for any injury from any cause against Rejuvenation & Well Being, LLC, its agents or employees, and that Rejuvenation & Well Being, LLC shall not be liable for any injuries or be subject to any claim, demand or damages whatsoever, including without any limitation, those resulting from negligence on the part of Rejuvenation & Well Being, LLC or any of its practitioners or employees.

I have hereby read the above and confirm my understanding that services and product obtained at Rejuvenation & Well Being, LLC Being serve purely to provide support to my body, and are not a source for curing or treating disease. I also understand that it is my responsibility to obtain health care services as needed from appropriate practitioners including, but not limited to Medical Doctors, Chiropractors, Dentists, etc.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_ **Signature of parent or legal guardian below:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Rejuvenation & Well Being, LLC

**Focus:**

- At Rejuvenation & Well Being, LLC, we believe that true health comes from within and that the body's natural processes can be trusted
  
- We believe that we can learn to cooperate with nature's intention for us to experience optimal function at every level of our being
  
- We believe that it is never too soon nor too late to receive something of benefit

The focus of services that Rejuvenation & Well Being, LLC provides is to locate and support the body's own healing processes with the use of whole food supplements, herbs, and hands-on light touch therapy.

**Practitioner Qualifications:**

Dawn Dolan, Clinical Director, received training at UCLA, SSU, Texas Chiropractic College extended education and received certificates for Applied Clinical Nutrition, Acupoint Integrative Testing and Jin Shin Jyutsu. Dawn is not a licensed physician. She has been working with complimentary healthcare practices since 1982.

I understand that Rejuvenation & Well Being, LLC or any of its practitioners do not treat diseases. I agree to fully disclose all information regarding any life-threatening health conditions resulting in anaphylaxis or other medical issues.

- No, I do not have any life threatening conditions.**
- Yes, I have the following \_\_\_\_\_ that may cause anaphylaxis or other medical issues:**

**Medical Issues:**

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**I agree to pay the clinic the standard fee for any and all treatments administered.**

IN WITNESS THEREOF, the undersigned approves and executes the agreement:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_ **Signature of parent or legal guardian below:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_