



## Qualification Consultation & Evaluation Terms

1. I understand that today's consultation is used to determine whether I am a candidate for our treatment.
2. I understand that the consultation process does not establish me as a patient under Dr. Le's care and there is no doctor-patient relationship or obligation.
3. I am aware that after the consultation, I may not be accepted as a patient.
4. I understand that Dr. Le is not able to and does not accept every case. Dr. Le's schedule is extremely busy, and he strictly limits the number of new patients he accepts so as to ensure a highest probability of treatment success.
5. Please fill out all paperwork completely to the best of your knowledge. Do not leave anything blank. If paperwork is not filled out completely Dr. Le may refuse to do the consultation.
6. It is imperative that you are under the care of a medical doctor, or a doctor licensed to prescribe medication. Please list below the name and contact information of that physician.

\_\_\_\_\_  
Name of Primary Care Physician (PCP)

\_\_\_\_\_  
Phone number

***I have read, understand and accept the terms of the initial patient qualification consultation and evaluation.***

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_