



## Holistic Health with Mandi

**Mandi S. Babkes MNH, HHC, AADP, QRA, ERT**

**412-417-0466/mandibabkes@gmail.com**

**[www.holistichealthwithmandi.com](http://www.holistichealthwithmandi.com)**

### **Informed Consent for Consultation**

I acknowledge that Mandi S. Babkes MNH, HHC, AADP is not a Medical Doctor. I understand that Mandi S. Babkes MNH, HHC, AADP/Holistic Health With Mandi/Holistic And Raw With Mandi provides nutritional and other health-related information intended to help me attain and maintain my best health. Holistic Health With Mandi/Holistic And Raw With Mandi and Mandi S. Babkes MNH, HHC, AADP, QRA, ERT will help to determine how I can achieve and maintain ultimate health through diet, nutrition, detoxification, and supplementation. All recommendations are designed to help me move towards my best state of health through personalized interventions in lifestyle, exercise, health habits and advanced nutrition. I understand Mandi S. Babkes MNH, HHC, AADP, QRA, ERT does not diagnose, prescribe medications, treat or claim to cure cancer or any other disease. I understand that the consultations and workshops, are not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any medical condition I may have. Mandi will continue to help, heal, and support me throughout my healing.

### **Cancellations:**

**In the event of a consultation cancellation, you must notify our office by one business day before the scheduled appointment. If Mandi/our office is not notified by 24 hours prior to, regular charges will apply to missed/canceled appointments. (\$125)**

**If packages are purchased, 1 hour (\$125) will be charged from the package for missed appointments and/or appointments without 24-hour cancellation.**

**I AGREE TO THESE IMPLEMENTED POLICIES AND RECOGNIZE THAT I WILL BE CHARGED FOR ANY APPOINTMENTS IN WHICH I DO NOT NOTIFY THE OFFICE WITHIN 24-HOURS OF CANCELLATION. I AGREE THAT MANDI/THE OFFICE OF HOLISTIC HEALTH WITH MANDI CAN OBTAIN MY CREDIT CARD INFORMATION TO CHARGE ACCORDINGLY FOR ANY CANCELLATIONS MADE OUTSIDE OF THE POLICY IN PLACE OF 24-HOUR NOTICE.**

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

Packages (Savings Packages purchased for hours) will not be refunded once purchased, but hours will not expire for 1 year after purchase.

Nutrient Purchases are non-returnable, unless special circumstances arise with existing patients, and must be unopened. In this case, they can be exchanged.

I have read this informed consent and understand it. I am not a minor (Under the age of 18). Additionally, I am here on this day and any subsequent visit solely on my own behalf and not as an agent or federal, state or local agencies on a mission of entrapment or investigation.

**\*\*\*CREDIT CARD APPROVAL AND AUTHORIZATION AGREEMENT FOR DISTANCE HEALING AND CONSULTATIONS.**

I APPROVE THE CREDIT CARD CHARGES FOR CONSULTATION AND NUTRIENT PURCHASES DURING MY TREATMENT AND CONSULTATION WORK WITH MANDI S. BABKES. I SIGN BELOW AND AUTHORIZE MANDI TO CHARGE MY CREDIT CARD PORVIDED FOR SERVICES RENDERED AND NUTRIENTS AND PRODUCTS PURCHASED DURING MY TREATMENT PLAN.

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

Printed Name \_\_\_\_\_

Please sign and scan/email this form back to Mandi S. Babkes or fax to 412-904-4223

Mandi S. Babkes MNH, HHC, AADP, QRA

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