

Patient Information Sheet and Release Form

Patients Name: _____, E-mail: _____,
Date of Birth: _____, Country: _____,
Address: _____

Street

City

Province

Home phone No. _____, Cell: _____, Other: _____,

Referred by: _____,

Name of Family Doctor: _____, Specialist: _____,

List your present health concerns for evaluation:

1. _____, 2. _____,
3. _____, 4. _____,

Consent for evaluation:

I, _____ give my full consent to be evaluated using the Bexel System for Diagnostic Purposes.

I am aware that Salvatore Messina HD., is a Certified Iridologist and is trained in Computer Assisted Iridological Analysis Reporting.

Salvatore Messina HD. is not making any claims to the effectiveness or accuracy of this technology.

This scan may reveal weakness and deficiencies and does not treat or cure any specific disease.

I, the patient agree to assume FULL RESPONSIBILITY for taking this test and any fees associated with all the above procedure.

Patients signature; _____, Date; ____/____/____,

Recommended treatment based on this scan:

Brain: _____,
Circulatory System: _____,
Digestive System Lower: _____,
Digestive System Upper: _____,
Glandular System: _____,
Respiratory System: _____,
Sensory System: _____,
Skeletal System: _____,
Skin: _____,
Urogenital System: _____,
Other: _____,

PH Test Result: _____,