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CONSENT FOR SERVICES

I, _____, understand that energy healing and flower essences are not substitutes for medical care, and it is recommended that I concurrently work with my primary caregiver and other members of my healing team for any condition that I may have.

I have informed my practitioner of all my known medical conditions and medications, and take responsibility for updating my practitioner about any changes in my health and well-being.

I have received a copy of my practitioner's policies. I understand them and agree to abide by them.

Signature of client

Date signed

Signature of guardian/conservator

Date signed

Signature of witness

Date signed