

EB305 Energy Balancer Detoxification Footbath

Name: _____

Address: _____

Phone: _____

E-mail: _____

Do any of the following health conditions apply to you?

- | | | |
|--------------------------------|-----|----|
| • Pacemaker: | yes | no |
| • Organ transplant: | yes | no |
| • Arrhythmia: | yes | no |
| • Heart regulating medication: | yes | no |
| • Pregnant or lactating: | yes | no |

If you marked yes to any of the above, we are sorry but cannot offer you this service. If you marked no please continue. If you have any concerns or health issues please write them on the back of this form.

- Treatment is safe for people who have metal plates in their bodies. The only concern is for electrical implants. If you have any concerns consult your physician prior to using the detoxification footbath.
- You may use the EB305 while taking prescription drugs. Most doctor prescribed medications will not cause any harm but the decision is best left up to you and your physician.
- Patients on medication related to psychotic episodes can or seizures can be treated but must replenish medication upon completion of treatment within 1-2 hours.
- Diabetes and patients with low blood sugar should eat a meal prior to treatment.
- Please remove any jewelry that will be in the water.

I have read and understand the above material. My signature affirms that the contraindicated health conditions do not apply to me and that I take full responsibility for any medications I am taking at this time. I have fully disclosed any concerns or health issues prior to utilizing the benefits of the EB305 Energy Balancer Detoxification Footbath.

Signature: _____ Date: _____