

Natural Medicine Center
Robert A. Rakowski, DC, CCN, DIBAK, DACBN

Phone Consult Information

Patient's Name: _____ Date of Birth _____

Name of Caller: _____

Phone Number: _____

Responsible Party: _____

Credit Card #: _____ Exp. _____ Sec. _____

The amount for the **Initial Phone Consult** is \$149 in addition to \$80 for every 15 minutes for reviewing medical records. The credit card number provided will be charged accordingly. This rate also applies to the exchange of emails. Please be advised that any returned products must be returned within 30 days, unopened, and will incur a 15% restocking fee. Shipping, review time and phone consult fees are non-refundable.

Phone consults will be scheduled once **all completed paperwork** is received as well as any **pertinent medical records**.

Email Receipt To: _____

Phone consults **must** be cancelled at least **24 hours** prior to the appointment time to avoid the missed appointment fee, equal to the amount of time scheduled. Review fees will be charged as well since done prior to the scheduled time slot. These charges will be billed to the credit card number provided.

I have read and understand the terms listed above and authorize the credit card provided to be used for all charges.

Signature of cardholder: _____ Date: _____