

**Dr. Luca Lioce – Vita Sana Medical Center
4300 N. Miller Rd. Suite 232 Scottsdale, AZ 85251
(480) 579-5290**

As a patient of Dr. Luca Lioce, you will be directly involved with your health goals and I will act as your coach to guide you through your health program.

Thank you for allowing me to take part in your journey.....

Dr. Luca Lioce

Consent to Treat / Informed Consent

I consent to the use and/or disclosure of my protected health information by Dr. Luca Lioce for the purposes of diagnosing or providing treatment(s) to me. I consent to treatment(s) and understand that my physician is a licensed Naturopathic Medical Doctor. I understand and agree that diagnosis or treatment(s) of me by Dr. Luca Lioce and/or my assigned physician may be conditioned upon my consent as evidenced by my signature below.

Supplements may be returned for a full refund if unopened for 7 days. No refunds on supplements will be made beyond 7 days.

Programs purchased on a package discount will be honored within 3 months of the purchase date, after which the patient agrees to forfeit the package.

I understand that any test, exam, nutritional supplements or prescriptions available at Dr. Luca Lioce's facility is for my convenience. I am aware that I am not bound to purchasing these items here and may acquire them at a chosen facility. I am also aware that these items may include a margin of profit.

I further understand that I am financially responsible for the charges that I incur during my treatment(s) under the care of Dr. Luca Lioce. There will be an additional \$35.00 charge for any returned checks.

I have read and agree to the terms and policies set forth in this document.

Name _____

(PRINT)

Date _____

Name _____

SIGNATURE (Parent if the patient is a minor)