

BEMER SESSIONS USER'S CHART

(Suggested Form)

DATE:.....	REFERRED BY:.....	LAST NAME:.....	
NAME:.....			
DOB:.....	AGE:.....		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:.....			
Telephone:.....
Cell	Home		Work
E-Mail:.....			

BEMER SESSIONS PAYMENT SCHEDULE

A BEMER SESSION can last from 8 to 20 minute time according to the BEMER SESSION PROVIDER & objectives. As suggested, please choose from the following BEMER Therapy usage frequency schedule:

- PLAN A:** 1 Session Only: **\$35**
- PLAN B:** 10 Sessions. (MUST be used within 30 days from the 1st SESSION) : **\$250**
- PLAN C:** As many Sessions as desired. (MUST be used within 30 days from the 1st SESSION) : **\$350**

PAYMENT METHOD:

CASH CC DC CHECK NOTES:.....

BEMER SESSIONS INFORMED CONSENT STATEMENT

Please read and initial the following BEMER SESSIONS Consent Statements. Thank you.

.....I hereby request and consent to the performance of BEMER SESSION(s); and related applicators such as the B-Body, B-Pad, B-Spot & B-light, including the use of such PEMF and the BEMER Signal Bio-Energy Sessions.

.....I understand that some BEMER SESSION PROVIDERS (BSP) may not be Healthcare Practitioners but rather Independent Bemer Distributors acting as **Wellness Advocates** promoting the wonderful use of BEMER to support general wellness.

.....I have had the opportunity to discuss with the BSP and/or staff, the nature and purpose of the sessions and all related applicators. I understand that there is no implied nor stated specific clinical guarantee and/or medical claims as a result of using BEMER. This Holistic technology is geared towards the improvement of general blood flow and circulation. It does NOT heal, nor cure and, it is NOT disease/disorder/illness specific.

.....I further understand that at times, some people may experience accelerated detoxification. I do not expect the BSP to be able to anticipate occurrences to happen ahead of time. I acknowledge that BEMER Sessions are NOT a substitute for medical care, medical examination, diagnosis and/or a substitute to my daily regimen of medication & drug therapy. Below, I have stated all clinical conditions that I am aware of and I am aware that certain conditions can constitute a contra-indication and/or a warning with repeated daily usage of BEMER:

.....I am NOT a recipient of an organ or Stem Cell transplant AND on an ongoing immunosuppressant drug treatment.

.....I am NOT currently pregnant or expecting pregnancy within the next 30 days.

.....If I am currently taking Coumadin, I understand that I must have a PT or INR test performed once a week by my primary care physician or a health clinic.

.....I am NOT on XARELTO medication.

.....I am NOT undergoing a Chemotherapy treatment and, I also understand that if I was, my oncologist has authorized me to make use of BEMER Sessions.

I have read and agreed to the above Consent Statement. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-mentioned BEMER Sessions and exceptions. I have read and agreed to the purchase of BEMER SESSION(s). I am voluntarily submitting myself to use Bemer Sessions.

Your Name (Print):..... SIGN:.....

BEMER SESSIONS USER'S CHART

		INTENSITY SETTINGS					
Date	Time	B-Body	B-Pad	B-Spot	B-Light	Water	NOTES
1							
2							
3							
4							
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22							

BSP NOTES

BSP NOTES
