

THERMOGRAPHY CLINIC, MISSISSUAGA WEST INC.

Tel: 416-569-1766 www.thermography-mw.com

TrueRife Scan AUTHORIZATION AND RELEASE

Date: _____ Date of Birth: _____

Name: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Tel. (Res.) _____ Tel (Bus): _____ Email: _____

Referredby: _____

TrueRife Scanning is a non-invasive test that registers physiological stress-patterns in your body. It scans your central nervous system, similar to a lie detector. Any physical, emotional or physiological stress will be registered by the TR instrument.

Disclaimer

Thermography Clinic Mississauga West Inc. (and Thermography-truerifescan.ca website) makes no medical claims or implies in any way that TrueRife Radiant Technology devices, scans, frequency programs are replacement for medical treatment. TrueRife devices are for alternative approaches and for research and it is not intended to diagnose, cure, prevent, treat medical condition or diseases. Please always consult a qualified physician first for your medical conditions!

The information provided by your TR Scan is to combine the results with your health history to enable and assist your health care provider to plan an approach to your care. Our TR instrument will create a report /analysis which you will received through your e-mail. The exam is performed by a certified technician and consultant with you in the room. All questions concerning the exam are answered by the technician / consultant present.

I have read the above information and understand that I am not receiving a diagnosis of any condition based solely on my TrueRife Radiant Technology Scan. I understand that the TR Scan-Report may contain a list of pathogens and diseases that may not apply to my present state. From the TR Scan information, a qualified medical practitioner may select any of the listed abnormalities that may apply to my health condition and symptoms according to his/her interpretation.

Sign your legal name: _____

Print your name: _____ Date: _____

Signature of scanning technician: _____ Date: _____