CONSENT AND DISCLAIMER FORM FOR PUSH PATCH THERAPY

Patient Information
Name: _____
Date of Birth: _____
Address: _____

Phone: _____
Email: _____

Prescribing Clinician Information
Name: _____
License No.: _____
Clinic Name: _____
Address: _____

Phone: _____
Email: _____

Treatment Description
Push Patch is a non-invasive, iontophoresis patch designed for transdermal delivery of NAD+ (Nicotinamide Adenine Dinucleotide), and other nutraceutical compounds. This therapy is intended to enhance metabolic processes, support DNA repair, and contribute to overall wellness.

Consent for Treatment
I, _____ (Patient Name), hereby consent to undergo Push Patch therapy as prescribed by my clinician, Dr. _____ (Clinician Name). I understand that this treatment involves the application of a patch that delivers medication through my skin using iontophoresis technology.

Benefits and Risks Acknowledgement
I acknowledge that the clinician has explained the potential benefits, which may include improved mental clarity, energy levels, and overall well-being. I also understand the possible risks and side effects, which may include skin irritation, redness, and discomfort at the site of application.

No Guarantee of Results
I understand that while Push Patch therapy is designed to provide therapeutic benefits, there is no guarantee of specific results, and individual experiences may vary.

Follow-up and Instructions Compliance
I agree to follow all instructions provided by my clinician regarding the application, duration of use, and care while using Push Patch. I will attend any scheduled follow-up appointments and report any adverse reactions or concerns immediately.

Voluntary Participation
My decision to undergo Push Patch therapy is voluntary, and I have had the opportunity to ask questions and discuss any concerns with my clinician. I have been given adequate time to consider my decision.

Disclaimer and Release of Liability
I understand that Push Patch therapy is an innovative treatment and its long-term effects are still being studied. I hereby release and hold harmless the prescribing clinician, their staff, and the manufacturers of Push Patch from any claims, liabilities, or damages resulting from this treatment.

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Patient Signature
I have read and understood this consent and disclaimer form. My signature below indicates my agreement to the terms and conditions outlined herein.

Signature: _____
Date: _____

Clinician Signature
I have explained the nature, purpose, benefits, and potential risks of Push Patch therapy to the patient. I confirm that the patient has understood the information and has given informed consent.

Signature: _____
Date: _____