



— Dr. David H. Orr DC —  
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### INFORMED CONSENT

Signing this form indicates that you are voluntarily and knowingly undergoing a procedure referred to by FDA as electrodermal screening. It is a form of modern bio energetic science. The technique was discovered by Dr. Voll, M. D. of Germany around 1926, EDS is currently available in England, South America, China, Canada, Australia, and the United States.

The procedure is totally non-invasive (the skin is not punctured). The procedure includes the application of an electronic probe of less than five volts to measure skin resistance at selected acupuncture sites located on the hands and feet. It will then be determined as to which natural substances will be needed to re-establish proper balance to the body's chemistry.

Because the procedure involves only the measurement of changes in the meridian flow with a sensitive meter, it is completely safe. The only sensation that is usually felt is just the pressure of the electronic probe as it is pushed against the skin. The use of the computer makes the procedure extremely fast. Please note that the equipment utilized is none diagnostic in nature.

At no time will there be any implied and/or stated indication for any client to discontinue taking any medication as prescribed by his/her physician. At no time will there be an implied and/or stated indication to any client to discontinue care under the direction of any other physician. This procedure is approved by the FDA for investigative use only at this time and is not intended, implied, or stated to take the place of any conventional medical test and/or diagnostic procedure.

At no time can this office guarantee implied and/or stated resolution, but it has been found that completed client compliance to the natural health care recommendation usually results in greater and more consistent change towards better health. If you, the client, wish to decline participation in this program, you may do so at any time. This office reserves the right to dismiss any client at any time due to poor compliance to the program.

I have fully read and understand the above information, the elements of informed consent, my responsibilities and rights, and hereby consent to the participation in the electro dermal screening procedure. For the purpose of advancing medical knowledge, I consent to the discreet use of clinical reports and results of my case for study, research, and scientific purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_